



CITY OF NOTTINGHAM

---

ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH  
FOR  
1950

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## PREFACE

The year 1950 was noteworthy for the increasing rate of development of services initiated or extended by the National Health Service Act. Of these developments the individual sections of the report tell their story.

★ ★ ★

The effectiveness of the social services of any community is reflected in the Infant Mortality Rate and in this City the falling rate has reached the level of 31 per 1,000 live births for the first time.

The initiation during the year of a service for the special care of premature infants has been amply justified, for already it is shown that lives of infants who would not have survived with ordinary care but who now are likely to develop into healthy individuals have undoubtedly been saved.

Of prime importance is the absence for the first time from the returns of infectious diseases of any confirmed case of diphtheria. Not since the preventive drive against this disease developed in to large scale measures in 1940 has there been a death in the City and the non-occurrence of a single case brings within sight the object of immunisation ; the elimination of this formerly common, fatal disease of children.

★ ★ ★

Fundamental to good health is pure air and good food. Many factors can affect these prime necessities and the statutory powers of a local authority deal only with gross deviations.

The Health Committee recognising the importance of an unpolluted atmosphere, has increased its efforts in the direction of smoke abatement. Six measuring stations were set up at suitable

points throughout the City so that the amount of harmful gases and suspended solid matter discharged into the atmosphere from domestic and factory chimneys can be accurately assessed. With the information thus built up a clear guide is being obtained for future action designed to minimise for the benefit of all the degree of atmospheric pollution.

That there is deterioration in the standard of bought food is evidenced by the number of successful prosecutions against those offering for sale food which is unfit for human consumption. In particular, month by month reports have been received of the presence of extraneous matters in food—especially bread and pastries—ranging from a cigarette end in a loaf of bread to a safety pin in a piece of nougat. These signify that in food preparation there is a lack of care ; a lack which is confirmed by the outcome of investigations of cases of food poisoning.

Also concerning food, this report records the substantial tonnage—almost 556 tons in 1950—of meat condemned annually. This gives cause for disquiet concerning the inferior health of cattle sent for slaughter.

★ ★ ★

During the year the case was pressed for an increase in the number of tuberculous persons rehoused, with the result that for at least a year 20 per cent. of all vacancies is offered to families in which the risk of the spread of infection is high.

At the same time arrangements for Bacille-Calmette-Guerin vaccine to be administered to susceptible contacts of tuberculosis were initiated and a report on the development of these arrangements will be made in the Annual Report for 1951. Meantime, these two points considered together can be regarded as a fuller realisation that tuberculosis is a preventable disease and that



determined measures of the type mentioned, aided by modern therapeutics and sanatorium accommodation, will make possible a considerable reduction in what has been a national scourge for far too long.



From many quarters and in various publications the problem of the increasing number of aged people in the community has been described. It is becoming clear that one of the objectives for the future is the attainment of conditions of life which extend the usefulness and happiness of those whose span of life has been lengthened by improvement in environmental conditions.

Meantime, to cope with an urgent and frequently sad problem the “home” services of the City—Home Help and Home Nursing—are being expanded and measures taken to add to their efficiency. It is important that these measures continue uninterruptedly and that they reinforce the present trend of making possible within the home the occurrence of all family events. Local and national economics demand a greater use of the home for all purposes to reduce the call on hospitals and institutions. Even of greater importance is the concept of the unity of the family and the home as fundamentals of the highest order, not only to the quality of life but indeed to the continuation of civilisation.

WILLIAM DODD.

*August, 1951.*

HEALTH DEPARTMENT,  
HUNTINGDON STREET,  
NOTTINGHAM.

## HEALTH COMMITTEE

1950

LORD MAYOR:

COUNCILLOR HARRY OLIVER EMMONY, J.P.

CHAIRMAN:

ALDERMAN ERNEST PURSER.

VICE-CHAIRMAN:

COUNCILLOR (Miss) GLEN-BOTT, J.P., M.B., B.S., F.R.C.O.G.

ALDERMAN H. BOWLES, J.P.

ALDERMAN W. CRANE, J.P.

COUNCILLOR R. ARBON

COUNCILLOR (Mrs.) L. E. CHAMBERS

COUNCILLOR H. O. EMMONY

COUNCILLOR T. EVLEY

COUNCILLOR J. W. KENYON

COUNCILLOR W. H. MURDOCK

COUNCILLOR A. W. NORWEBB, J.P.

COUNCILLOR R. S. PEAKE

COUNCILLOR (Miss) M. A. PROCTER

COUNCILLOR K. ROSS-SERGEANT

COUNCILLOR G. B. SHAW

COUNCILLOR (Mrs.) M. E. WOOD

## HEALTH DEPARTMENT STAFF.

### Medical Officer of Health—

WILLIAM DODD, M.D., M.R.C.P., D.P.H.

### Deputy Medical Officer of Health—

RONALD W. ELLIOTT, M.D., M.Sc., D.P.H.

### Maternity and Child Welfare—

#### *Senior Medical Officer.*

ELSPETH M. WARWICK, M.B., Ch.B., D.P.H. From 15.5.50.

#### *Assistant Medical Officers.*

FREDA M. CHALKLEY, M.R.C.S., L.R.C.P.

JANET B. DALGETTY, M.B., Ch.B.

JAMES A. LEITCH, M.B., Ch.B. From 15.5.50.

SYLVIA M. MATTHEWS, M.B., B.S.

HENRIETTA M. MACLEOD, M.B., B.S.

MEGAN E. WILKINSON, M.B., Ch.B.

### Tuberculosis.\*

JOHN V. WHITAKER, M.B., Ch.B., D.T.M. & H., D.P.H.

FREDK. H. W. TOZER, M.D., B.S., M.R.C.P.

WILFRED H. RODERICK SMITH, M.B., B.S., M.R.C.P., L.R.C.P.

### Mental Health.\*

DUNCAN MACMILLAN, M.D., B.Sc., F.R.C.P.E., D.Psych.,  
Physician-Superintendent, Mapperley Hospital.

ISAAC J. DAVIES, M.D., B.Sc., D.P.M. To 30.4.50.  
Dep. Physician-Superintendent, Mapperley Hospital.

HENRY FISHER, M.D., L.R.C.P., L.R.C.S., D.P.M. From 1.5.50.  
Dep. Physician-Superintendent, Mapperley Hospital.

THOMAS R. FORSYTHE, M.D., D.P.M. From 16.9.50.  
Consultant Psychiatrist, Mapperley Hospital.

WILFRID L. JONES, M.B., B.S., D.P.M.,  
Consultant Psychiatrist, Mapperley Hospital.

KENNETH O. MILNER, M.D., M.R.C.S., L.R.C.P., D.P.M.,  
Physician Superintendent, Aston Hall M.D. Institution.

### Infectious Diseases.\*

THOMAS A. DON, M.B., Ch.B., D.P.H.

\*In conjunction with Regional Hospital Board.

**Ultra Violet Ray Clinic.**

HENRY N. JAFFE, M.B., B.S. (part-time).

SOPHIA K. G. STUART, M.A., M.B., Ch.B. (part-time).

**City Analyst.**

W. W. TAYLOR, B.Sc., F.R.I.C. (part-time).

**Health Visiting.**

*Superintendent*—MISS M. W. BEATTY, S.R.N., S.C.M.

*Student Health Visitor Tutor*—MISS D. T. HOGG, S.R.N., S.C.M.

*Senior Health Visitor for Tuberculosis*—MISS E. CALEY, S.R.N., S.C.M.

*Health Visitors*—Maternity and Child Welfare—23.

Tuberculosis — 6.

Student Health Visitors — 6.

**Midwifery.**

*Supervisors* — MISS S. M. HOWARD, S.R.N., S.C.M.

MISS D. BACKHOUSE, S.R.N., S.C.M., R.F.N.

*Ophthalmic Nurse*—MISS W. E. HAYNES, S.R.N., S.C.M.

*District Midwives* — 35 Full Time.

2 Part Time.

**Hostel for Unmarried Mothers.**

*Matron*—MRS. E. MACKINTOSH, S.R.N., S.C.M.

**Day Nurseries.**

*Supervisor*—MRS. D. E. WISE, S.R.N., S.C.M., H.V.

ARNOLD ROAD .. *Matron*—MRS. J. CARNILL, S.R.N., R.F.N., S.C.M.

*Nursery Assistants*—7.

BELLS LANE .. *Matron*—MRS. D. L. KEERY, S.R.N.

*Nursery Assistants*—8.

BULWELL .. *Matron*—MRS. G. E. TROOP, S.R.N.

*Nursery Assistants*—11.

HEATHCOAT STREET .. *Matron*—MISS J. TALBOT.

*Nursery Assistants*—10.

PEARSON STREET .. *Acting Matron*—MISS W. SEARBY, C.N.N.

*Nursery Assistants*—2.

PIERREPONT .. *Matron*—MRS. M. STEED, S.R.N., S.C.M.

*Nursery Assistants*—10 and 1 part-time.

QUEEN'S DRIVE .. *Matron*—MRS. E. MACKINTOSH, S.R.N., S.C.M.

*Nursery Assistants*—6.

RADFORD .. *Matron*—MRS. A. NAYLOR, S.R.N.

*Nursery Assistants*—8.

SYCAMORE ROAD .. *Matron*—MISS H. WODEHOUSE, R.S.C.N., C.N.N.

*Nursery Assistants*—10.



**Almoners.**

MISS A. C. REID, A.M.I.A.

MISS K. BATES, A.M.I.A.

**Mental Health Service.**

*Mental Health Officer*—J. E. WESTMORELAND.

*Deputy Mental Health Officer*—G. E. HIBBARD.

*Duly Authorised Officers*—7.

*Occupation Centre Supervisor*—MISS E. L. GRANGER.

**Ambulance Service.**

*General Manager*—B. ENGLAND, M.I.Mech.E., M.Inst.T.

*Superintendent*—A. K. HICKS.

*Deputy Superintendent*—J. W. GANNON.

**Sanitary Inspection.**

*Chief Sanitary Inspector*—A. WADE, M.B.E., F.R.San.I.

*Deputy Chief Sanitary Inspector*—J. N. HUGHES, M.R.San.I.

*Senior Inspector of Meat and other Foods*—F. RICHARDSON, Cert.R.San.I.

*Sanitary Inspectors, all branches*—25.

*Smoke Inspector*—1.

*Housing Officers—Females*—2.

*Rodent Operators*—6.

**Home Help Service.**

*Organiser*—MRS. L. E. GRAY.

*Home Helps*—250.

**Ultra Violet Ray Clinic.**

*Secretary/Attendant*—MRS. D. A. MORRIS.

*Nurse Attendants*—2.

**Clerical.**

*Chief Clerk*—J. C. SLIGHT.

*Clerks, all sections*—43.

**Other Staff.**

*Mortuary Attendants*—2.

*Office Porter*—1.

*Van Drivers*—2.

# STATISTICS for 1950.

## GENERAL.

### POPULATION.

The Registrar-General's Estimate of the civilian population of the City at the middle of 1950

	..	..	..	307,000
AREA (acres)	..	..	..	16,166
Rateable Value	..	..	..	£2,268,758
Sum represented by a penny rate (1950-51)	..	..	..	£9,106
Rates in the £ (1950-51)	..	..	..	18/-

## BIRTHS.

<b>Legitimate</b>	Males	2,633	Females	2,344	..	Total	4,977
<b>Illegitimate</b>	„	183	„	203	..	„	386
Total Live Births	..	..	..	..	..	..	5,363
<b>Birth-rate</b> per 1,000 of population	..	..	..	..	..	..	17·47

## TABLE OF BIRTH RATES.

Average 10 years	1891-1900	..	..	29·20
„	1901-1910	..	..	29·90
„	1911-1920	..	..	21·03
„	1921-1930	..	..	18·97
„	1931-1940	..	..	15·96
1941	..	..	..	16·04
1942	..	..	..	18·15
1943	..	..	..	19·11
1944	..	..	..	21·7
1945	..	..	..	19·7
1946	..	..	..	22·05
1947	..	..	..	23·90
1948	..	..	..	19·82
1949	..	..	..	18·96
<b>1950</b>	..	..	..	<b>17·47</b>

### Stillbirths.

Legitimate	Males	49	Females	46	Total	..	95
Illegitimate	„	7	„	5	„	..	12
Total stillbirths	..	..	..	..	..	..	107
<b>Stillbirth rate</b> per 1,000 births (live and still)	..	..	..	..	..	..	<b>19·5</b>

**DEATHS.****All causes:**

Males 1,718	Females 1,691	Total	.. 3,409
<b>Death-rate</b> per 1,000 of population	..	..	.. <b>11·1</b>

**TABLE OF DEATH RATES.**

Average 10 years	1891-1900	..	..	18·38
"	1901-1910	..	..	16·50
"	1911-1920	..	..	15·55
"	1921-1930	..	..	13·24
"	1931-1940	..	..	13·32
1941	..	..	..	14·03
1942	..	..	..	13·07
1943	..	..	..	14·30
1944	..	..	..	13·21
1945	..	..	..	12·9
1946	..	..	..	12·5
1947	..	..	..	12·3
1948	..	..	..	10·9
1949	..	..	..	11·8
<b>1950</b>	..	..	..	<b>11·1</b>

**Maternal Mortality.**

	No. of Cases	Rate per 1,000 births.	
		NOTTINGHAM	ENGLAND & WALES
Sepsis .. ..	2	·37	·12
Other Causes .. ..	—	—	·74
Total .. ..	2	·37	·86

**COMPARATIVE TABLE.**

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Sepsis ..	2	3	5	2	3	3	2	1	1	2
Other causes	10	9	2	3	4	4	7	2	2	—
Per 1,000 births ..	2·8	2·5	1·38	·85	1·33	1·09	1·26	·49	·51	·37

**Infant Mortality.**

No. of Deaths of Infants under 1 year .. ..					165
<b>Rate</b> per 1,000 relevant live births					
Illegitimate <b>41</b> Legitimate <b>30</b>					
Average 10 years	1891-1900	..	..		182
”	”	1901-1910	..	..	161
”	”	1911-1920	..	..	125
”	”	1921-1930	..	..	89
”	”	1931-1940	..	..	76
1941	..	..	..	..	80
1942	..	..	..	..	62
1943	..	..	..	..	65
1944	..	..	..	..	56
1945	..	..	..	..	53
1946	..	..	..	..	42
1947	..	..	..	..	50
1948	..	..	..	..	44
1949	..	..	..	..	38
<b>1950</b>	..	..	..	..	<b>31</b>

Deaths from Measles (all ages) .. ..					2
”	”	Whooping Cough (all ages)	..		6
”	”	Diarrhoea (under 2 years of age)			14



## ANALYSIS OF INFANT MORTALITY.

NOTTINGHAM.

CAUSE OF DEATH.	Under 1 Week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	TOTAL UNDER 1 MONTH.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	TOTAL DEATHS UNDER ONE YEAR.
CERTIFIED .. ..	81	6	3	1	91	23	29	13	9	165
UNCERTIFIED .. ..	—	—	—	—	—	—	—	—	—	—
Insufflation of Stomach Contents .. ..	—	—	—	—	—	1	3	1	—	5
Haemolytic Disease of Newborn .. ..	4	1	—	—	5	—	—	—	—	5
Chicken-pox .. ..	—	—	—	—	—	—	—	—	—	—
Measles .. ..	—	—	—	—	—	—	—	—	3	3
Scarlet Fever .. ..	—	—	—	—	—	—	—	—	—	—
Whooping-Cough .. ..	—	—	—	—	—	—	—	—	1	1
Diphtheria and Croup .. ..	—	—	—	—	—	—	—	—	—	—
Influenza .. ..	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever .. ..	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis .. ..	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis .. ..	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases .. ..	—	—	—	—	—	—	—	—	—	—
Meningitis ( <i>not Tuberculous</i> ) .. ..	—	—	—	—	—	—	—	—	—	—
Convulsions .. ..	—	—	—	—	—	—	—	—	—	—
Bronchitis .. ..	—	—	—	—	—	4	2	1	—	7
Pneumonia (all forms) .. ..	1	—	—	1	2	9	13	4	5	33
Diarrhœa and Enteritis .. ..	—	—	2	—	2	3	6	1	—	12
Gastritis .. ..	—	—	—	—	—	—	—	—	—	—
Syphilis .. ..	1	—	—	—	1	—	—	—	—	1
Rickets .. ..	—	—	—	—	—	—	—	—	—	—
Suffocation (overlying) .. ..	—	—	—	—	—	—	—	—	—	—
Difficulty or Injury at Birth .. ..	5	—	—	—	5	—	—	—	—	5
Atelectasis .. ..	11	—	—	—	11	—	1	—	—	12
Premature Birth .. ..	36	2	—	—	38	—	—	—	—	38
Congenital Malformations .. ..	19	3	1	—	23	3	1	1	—	28
Atrophy, Debility and Marasmus .. ..	—	—	—	—	—	—	—	—	—	—
Other Causes .. ..	4	—	—	—	4	3	3	5	—	15
TOTALS .. ..	81	6	3	1	91	23	29	13	9	165

**Summary of Deaths at all ages from various causes, 1950.**  
(Registrar General's International Short List).

**NOTTINGHAM.**

<b>Total Deaths</b>	..	..	..	..	..	<b>3,409</b>
Deaths under 1 year	..	..	..	..	..	165
„ 1—5 years	..	..	..	..	..	37
„ 5—45 „	..	..	..	..	..	255
„ 45—65 „	..	..	..	..	..	864
„ 65 and over	..	..	..	..	..	2,088
<b>Causes of Deaths :—</b>						
Typhoid and Paratyphoid Fevers	..	..	..	..	..	—
Tuberculosis, Respiratory	..	..	..	..	..	143
Tuberculosis, other	..	..	..	..	..	9
Syphilitic Disease	..	..	..	..	..	15
Diphtheria	..	..	..	..	..	—
Whooping-Cough	..	..	..	..	..	6
Meningococcal Infection	..	..	..	..	..	1
Acute Poliomyelitis	..	..	..	..	..	1
Measles	..	..	..	..	..	2
Puerperal Sepsis	..	..	..	..	..	2
Other Puerperal cases	..	..	..	..	..	—
Other infective and parasitic diseases	..	..	..	..	..	6
Malignant Neoplasm, stomach	..	..	..	..	..	79
Malignant Neoplasm, Lung, Bronchus	..	..	..	..	..	111
Malignant Neoplasm, Breast	..	..	..	..	..	55
Malignant Neoplasm, Uterus	..	..	..	..	..	43
Other malignant and lymphatic neoplasms	..	..	..	..	..	296
Leukaemia, Aleukaemia	..	..	..	..	..	14
Diabetes	..	..	..	..	..	17
Vascular lesions of nervous system	..	..	..	..	..	405
Coronary Disease, Angina	..	..	..	..	..	343
Hypertension with Heart Disease	..	..	..	..	..	105
Other heart disease	..	..	..	..	..	605
Other circulatory disease	..	..	..	..	..	117
Influenza	..	..	..	..	..	22
Pneumonia	..	..	..	..	..	179
Bronchitis	..	..	..	..	..	231
Other diseases of respiratory system	..	..	..	..	..	32
Ulcer of stomach and duodenum	..	..	..	..	..	29
Gastritis, Enteritis and Diarrhoea	..	..	..	..	..	24
Nephritis and Nephrosis	..	..	..	..	..	40
Hyperplasia of Prostate	..	..	..	..	..	25
Pregnancy, Childbirth, Abortion	..	..	..	..	..	2
Congenital Malformations	..	..	..	..	..	36
Other defined and ill-defined diseases	..	..	..	..	..	293
Motor Vehicle Accidents	..	..	..	..	..	28
All other accidents	..	..	..	..	..	55
Suicide	..	..	..	..	..	35
Homicide and operations of war	..	..	..	..	..	3

## DETAILS OF CANCER DEATHS.

NOTTINGHAM.

International Classification.

		AGE-PERIOD AT DEATH.											
		0—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	Total
Buccal cavity and Pharynx	m.	—	—	—	—	—	—	1	2	4	6	5	18
	f.	—	—	—	—	—	—	1	—	2	1	1	5
Digestive Organs and Peritoneum	m.	—	—	—	—	—	1	6	18	32	35	21	113
	f.	—	—	—	—	—	1	1	5	17	50	27	101
Respiratory Organs	m.	—	—	—	—	—	—	4	21	37	29	8	99
	f.	—	—	—	—	—	—	1	1	7	2	1	12
Uterus	f.	—	—	—	—	—	3	1	12	15	8	4	43
Other Female Genital Organs	f.	—	—	—	—	—	—	1	3	6	8	2	20
Breast	f.	—	—	—	—	—	2	6	15	12	13	6	54
Male Genito-urinary Organs	m.	—	—	—	—	—	—	1	6	11	22	14	54
Skin	m.	—	—	—	—	—	—	—	—	1	—	—	1
	f.	—	—	—	—	—	—	—	—	—	—	—	—
Other or Unspecified Organs	m.	2	—	—	2	—	2	4	8	10	10	10	48
	f.	2	—	—	—	—	1	2	6	7	9	3	30
TOTAL												598	

**Birth-rate, General Death-rate, Death-rates from the Principal  
Epidemic and from Tuberculous Diseases, and Infantile Death-rate.**

**NOTTINGHAM.**

	Birth-rate per 1,000 living	Death-rate per 1,000 living	Infantile Death-rate per 1,000 births	Death-rate per 1,000 living from								
				7 principal Epidemic Diseases	Small-pox	Measles	Scarlet Fever	Diphtheria	Whooping Cough	"Fever" principally Enteric	Diarrhoea	Phthisis other Tuber- culous Diseases
1856-1860	36.8	27.2	209	5.98	0.21	0.80	1.08	0.13	0.76	1.02	2.00	3.22
1861-1865	34.8	24.9	192	3.83	0.09	0.43	0.98	0.12	0.51	0.78	1.09	3.19
1866-1870	31.3	23.8	200	4.34	0.07	0.44	0.73	0.09	0.51	0.92	1.57	2.78
1871-1875	34.1	24.9	192	4.30	0.79	0.31	0.53	0.02	0.26	0.84	1.53	2.42
1876-1880	34.6	21.7	175	3.00	0.00	0.35	0.62	0.03	0.43	0.34	1.06	1.85
1881-1885	36.6	20.9	174	3.22	0.06	0.41	0.77	0.12	0.46	0.31	1.09	1.99
1886-1890	30.4	17.9	168	2.39	0.01	0.42	0.11	0.06	0.45	0.31	1.04	1.52
1891-1895	29.5	18.3	174	2.50	0.01	0.35	0.23	0.08	0.41	0.26	1.12	1.76
1896-1900	28.9	18.5	191	2.66	—	0.46	0.10	0.10	0.36	0.32	1.22	1.86
1901-1905	27.7	17.2	170	2.22	0.01	0.38	0.09	0.19	0.31	0.20	1.01	1.74
1906-1910	26.1	15.8	152	1.64	0.00	0.33	0.05	0.13	0.27	0.11	0.75	1.70
1911-1915	22.9	15.1	137	1.61	—	0.36	0.06	0.11	0.21	0.05	0.83	1.57
1916-1920	19.1	16.0	113	1.02	—	0.25	0.02	0.19	0.17	0.01	0.37	1.62
1921-1925	20.4	12.9	90	0.65	—	0.16	0.02	0.06	0.13	0.01	0.26	1.17
1926-1930	17.5	13.6	88	0.68	—	0.05	0.02	0.20	0.11	0.00	0.30	1.14
1931	17.2	13.6	82	0.45	—	0.15	—	0.02	0.04	0.01	0.23	1.12
1932	16.4	12.5	80	0.35	—	0.02	—	0.03	0.12	—	0.18	0.97
1933	15.8	13.4	85	0.51	—	0.18	0.01	0.02	0.04	0.01	0.25	1.04
1934	15.6	12.3	69	0.33	—	0.06	0.02	0.02	0.07	0.00	0.15	0.89
1935	15.7	12.5	81	0.38	—	0.07	0.02	0.05	0.02	0.00	0.22	0.98
1936	15.2	13.2	89	0.46	—	0.08	0.02	0.09	0.09	0.00	0.18	0.93
1937	16.0	13.4	80	0.39	—	0.08	0.00	0.03	0.03	0.01	0.24	0.99
1938	15.6	12.7	71	0.22	—	0.03	0.01	0.01	0.04	—	0.13	0.83
1939	15.8	13.3	66	0.23	—	—	0.01	0.01	0.01	0.01	0.19	0.87
1940	16.5	15.5	61	0.17	—	0.02	0.00	0.04	0.02	—	0.09	1.03
1941	16.0	14.0	80	0.49	—	0.02	—	0.05	0.07	0.00	0.35	1.09
1942	18.2	13.1	62	0.32	—	0.05	0.00	0.04	0.05	0.00	0.18	0.89
1943	19.1	14.3	65	0.21	—	0.02	—	0.02	0.04	—	0.13	0.97
1944	21.7	13.3	56	0.38	—	0.01	0.01	0.01	0.04	—	0.31	0.84
1945	19.7	12.9	53	0.11	—	0.03	0.01	0.03	0.01	—	0.13	0.77
1946	22.0	12.5	42	0.19	—	0.02	0.00	0.02	0.02	—	0.05	0.71
1947	23.9	12.3	50	0.16	—	0.01	0.00	0.00	0.03	0.00	0.10	0.77
1948	19.8	10.9	44	0.17	—	0.01	—	0.01	0.03	—	0.11	0.78
1949	18.9	11.8	38	0.14	—	0.01	—	—	0.00	—	0.12	0.66
1950	17.4	11.1	31	0.10	—	0.00	—	—	0.02	—	0.08	0.49



# Birth-rates, Death-rates, Analysis of Mortality, and Case-rates for certain Infectious Diseases in the year 1950.

(Provisional Figures based on Weekly and Quarterly Returns).

	England and Wales.	126 County Boro's. and Great Towns including London.	148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census).	London Adminis- trative County.	NOTTINGHAM.
	Rates per 1,000 Population.				
<b>Births:—</b>					
Live .. ..	15·8	17·6	16·7	17·8	17·47
Still .. ..	0·37	0·45	0·38	0·36	0·35
<b>Deaths:—</b>					
All Causes ..	11·6	12·3	11·6	11·8	11·1
Typhoid and Paratyphoid fevers .. ..	0·00	0·00	0·00	0·00	—
Whooping Cough	0·01	0·01	0·01	0·01	0·02
Diphtheria ..	0·00	0·00	0·00	0·00	—
Tuberculosis ..	0·36	0·42	0·33	0·39	0·49
Influenza ..	0·10	0·09	0·10	0·07	0·07
Smallpox ..	—	—	—	—	—
Acute Polio- myelitis and Polio- encephalitis ..	0·02	0·02	0·02	0·01	0·00
Pneumonia ..	0·46	0·49	0·49	0·48	0·58
<b>Notifications</b> (CORRECTED):—					
Typhoid fever ..	0·00	0·00	0·00	0·01	—
Paratyphoid fever ..	0·01	0·01	0·01	0·01	0·01
Cerebro-spinal fever .. ..	0·03	0·03	0·02	0·03	0·03
Scarlet fever ..	1·50	1·56	1·61	1·23	1·29
Whooping Cough	3·60	3·97	3·15	3·21	4·64
Diphtheria ..	0·02	0·03	0·02	0·03	—
Erysipelas ..	0·17	0·19	0·16	0·17	0·16
Smallpox ..	0·00	0·00	—	—	—
Measles .. ..	8·39	8·76	8·36	6·57	7·50
Pneumonia ..	0·70	0·77	0·61	0·50	0·55
Acute Poliomyelitis (including Polio- encephalitis)					
Paralytic ..	0·13	0·12	0·11	0·08	0·10
Non- Paralytic	0·05	0·05	0·06	0·05	0·03
Food Poisoning	0·17	0·16	0·14	0·25	0·09
	Rates per 1,000 LIVE BIRTHS.				
<b>Deaths:—</b>					
All causes under 1 year of age ..	29·8(a)	33·8	29·4	26·3	31
Enteritis and Diarrhoea under 2 years of age ..	1·9	2·2	1·6	1·0	2·6
	Rates per 1,000 TOTAL (LIVE AND STILL) BIRTHS.				
<b>Notifications:—</b> (CORRECTED):—					
Puerperal fever and pyrexia ..	5·81	7·43	4·33	6·03	2·92

(a) Per 1,000 related live births.



INFECTIOUS AND INFECTIVE  
DISEASES

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## INFECTIOUS AND INFECTIVE DISEASES

### NOTIFICATIONS.

The number of cases of notifiable infectious disease notified to the Medical Officer of Health as having occurred within the City **during 1950**, together with the final numbers of cases after correction of the diagnosis, is given in the following table :—

Disease.	Notifications.	Final numbers after correction.
Scarlet Fever .. .. .	402	397
Whooping Cough .. .. .	1,425	1,424
Poliomyelitis :		
Paralytic .. .. .	27	32
Non-Paralytic .. .. .	27	9
Measles .. .. .	2,299	2,303
Diphtheria .. .. .	13	—
Pneumonia .. .. .	165	168
Dysentery .. .. .	167	200
Acute Encephalitis :		
Infective .. .. .	1	3
Post Infectious .. .. .	—	2
Typhoid Fever .. .. .	—	—
Paratyphoid Fever .. .. .	3	3
Erysipelas .. .. .	51	50
Cerebro-spinal Fever .. .. .	34	11
Food Poisoning .. .. .	24	27
Puerperal Pyrexia .. .. .	16	16
Ophthalmia Neonatorum .. .. .	48	48
Smallpox .. .. .	—	—

There are two points of interest to be noted from the comparison of notifications for 1950 and 1949. There was a considerable increase in the number of cases of whooping cough, the figures being more comparable with those recorded in 1948.



From this it would appear that 1948 and 1950 were epidemic years.

This periodicity in the incidence of whooping cough is normally expected in the case of measles, but as far as the City of Nottingham is concerned, measles has shown a more or less even incidence throughout the last three years.

The Isolation Hospital in Nottingham, now renamed the Heathfield Hospital, admitted 543 patients suffering from infectious and infective conditions.

It is not possible to ascertain what proportion of the total of such cases this figure represents, but as far as notifiable disease is concerned, it is estimated that some 5% or 10% are admitted to hospital for treatment or for sociological reasons in order to prevent the spread of disease in homes where satisfactory isolation is not possible.

Comments follow on certain infectious diseases :—

#### FOOD POISONING.

Number of cases notified	.. ..	27
Number of cases known to have occurred	..	38

#### Outbreaks.

- (a) There were five outbreaks in which the causal organism was identified and in which fourteen persons were involved.

In all these outbreaks salmonella typhimurium was the infecting agent. The suspected foods in three of the outbreaks were :—

Tomato Purée  
Sausage  
Trifle

In no instance was it possible to isolate the organism responsible for the illness from the suspected food.

- (b) There were two further outbreaks in which the infecting agent was not discovered. Twelve persons were involved and it was not possible to decide that any particular kind of food was responsible for conveying the infection.

### Single Cases.

Twelve isolated cases of food poisoning are known to have occurred, and in one of them it was not possible to identify either the organism or the food responsible for the illness.

The others were due to various types of salmonella as follows :—

Salmonella Bareilly	..	..	..	2 cases.
Salmonella Typhimurium	..	..	..	8 cases.
Salmonella of unidentified type	..	..	..	1 case.

It was possible in three instances to hazard a suspicion as to the food which was responsible for conveying the infection as follows :—

Cold Mutton	..	..	..	1
Ham Sandwich	..	..	..	1
Pork Pie	..	..	..	1

### General Information.

The experience of 1950 confirms that food poisoning is more prevalent during warmer weather, and also that it is during this time of the year that even greater precautions should be taken to prevent outbreaks of food poisoning.

The cases occurred as follows :—

First quarter	..	..	..	..	2
Second quarter	..	..	..	..	11
Third Quarter	..	..	..	..	20
Fourth Quarter	..	..	..	..	5

The fact that there were fewer cases of food poisoning notified as compared with the previous year should not be taken as meaning an improvement in the situation. It seems certain that notification of food poisoning is incomplete, for, although only 27 cases were notified, the Health Department became aware of 11 others during the course of investigations, and it seems fair to assume that many other cases occurred which were either not notified or did not become ill enough to consult a doctor.

Largely due to the fact that the food was wholly consumed or had been disposed of before investigations were commenced, it was not possible in many instances to trace the organism responsible for food poisoning back to the food which was suspected of conveying the disease.

It cannot be too strongly emphasised that suspected food should be retained for analysis. Unless this is done the Sanitary Inspectors are very severely handicapped in their efforts to promote better food production and handling.

Of those foods which have been suspected, once again the predominance lies with those dishes which have become prevalent in our dietary of recent years, namely, made-up dishes which usually need a good deal of handling in the course of preparation.

The Salmonella organisms are becoming increasingly more responsible for outbreaks of food poisoning throughout the Country, and in Nottingham all the organisms isolated were Salmonellae. No cases of metallic poisoning or staphylococcus aureus toxin poisoning were encountered.

It is disappointing to report that the Clean Food Guild, initiated by the Nottingham Junior Chamber of Commerce, has not yet been able to begin its activities in this important field of disease prevention.

There were no deaths during the year from food poisoning.

#### **SMALLPOX.**

There were no cases of smallpox in Nottingham during 1950. The two epidemics at Glasgow and Brighton however, did have some repercussions in Nottingham, largely as the results of enquiries from the general public and requests for vaccination by people travelling to these areas.

The few cases which were suspected of being smallpox proved on investigation to be false alarms. The case with which smallpox can be introduced into this country has been demonstrated



by the recent outbreaks, and every care has been taken to bring the Health Department arrangements up-to-date should an outbreak occur here.

The action of air and sea port authorities in informing the Medical Officer of Health of persons arriving in the City from endemic smallpox areas has been appreciated.

Several such cases have been supervised on their arrival during the year.

#### ENTERIC FEVER.

No case of typhoid fever occurred during the year. There were however, three cases of paratyphoid B infection, only one of which was treated in hospital.

Points of interest in these cases are as follows :—

- (a) A girl aged 3 years, suffering from an infection with paratyphoid B, V.1., phage type 1. Nursed at home in strict isolation with supervision of the other members of the family. The infection cleared up satisfactorily, and all members of the family had negative faecal specimens on several occasions after the disease had cleared up.
- (b) A boy aged 1 year, 9 months, infected with paratyphoid B. V.1. phage type 2. This case was treated in hospital and it was found that he had been infected by his grandmother, who was a chronic carrier of the organism. The type of organism had not been previously isolated in this area. It was presumed that the grandmother had not previously infected others. All members of the family, except the grandmother, are now free from infection and careful instruction has been given in this household to prevent any further spread.
- (c) A woman, aged 26 years, suffered from an indefinite intestinal infection for several weeks. She was ambulant most of the time and never had any severe symptoms. On one occasion only paratyphoid B was isolated from the faeces, but it was not possible to type this organism.

Continued supervision of the case, and other members of the family did not produce any other positive results.

There were no deaths in this series.

Supervision of a chronic carrier of typhoid organisms has continued throughout the year.

### DIPHTHERIA.

Although there have been no deaths from diphtheria, in Nottingham, since the immunisation campaign started in the early 1940's, the year 1950 is the first year in which it can be reported that there has not been a single confirmed case.

As might be expected there have been several suspects with suspicious throat symptoms, and of the twenty-three patients of this kind admitted to hospital, the diagnosis, on investigation, proved to be as follows :—

Acute tonsilitis	..	..	..	..	12 cases.
Glandular Fever	..	..	..	..	4 cases.
Acute Catarrhal Laryngitis	..	..	..	..	3 cases.
Right Peritonsillar Abscess	..	..	..	..	1 case.
Scarlet Fever ..	..	..	..	..	1 case.
Measles ..	..	..	..	..	1 case.
Diagnosed as non infectious in	..	..	..	..	1 case.

This very satisfactory state of affairs can only be maintained by constant effort to convince parents of the necessity of immunisation against diphtheria.

On referring to the section on vaccination and immunisation it will be seen that, although the overall picture for immunisation of children is quite satisfactory, there are indications that young children, particularly those under the age of one year, are not being immunised in such numbers as to maintain a high standard of immunity in the population.

### SCARLET FEVER.

This infection continues to maintain itself steadily at a level of about 400 cases per year, all of which are of a mild type, in strong contrast to the type of disease which was prevalent 50 years ago, when it was a condition which caused severe illness and a high mortality.



It is worthy of note that very few complications seem to arise from scarlet fever now. Out of the 106 cases admitted to the Heathfield Hospital there were only six which developed a simple otitis media.

Most of the cases were dealt with at home, when social conditions permitted.

#### **MENINGOCOCCAL MENINGITIS.**

An interesting feature of this disease is that, although 11 cases occurred, no deaths have been notified. Most of the patients were children and made a complete recovery without any after effects.

This picture is altogether unlike what was accepted as normal some fifteen years ago when the disease had a very high mortality. Not only are the cases few in number, but modern therapy makes a successful outcome much more likely.

#### **ERYSIPELAS.**

The importance of this condition has diminished almost to vanishing point and although fifty cases occurred it was only necessary to admit four patients to hospital where they were retained for only a few days.

#### **ACUTE ANTERIOR POLIOMYELITIS AND POLIOENCEPHALITIS.**

The number of cases occurring together with their age and sex distribution is shown in the following table :—

**AGE GROUPS AFFECTED.**

AGE IN YEARS.	MALES.	FEMALES.
0 — 5 .. ..	8	9
5 — 10 .. ..	8	2
10 — 15 .. ..	3	1
15 — 25 .. ..	4	—
25 and over .. ..	5	1
TOTAL .. ..	28	13

The period under review shows that males have suffered more frequently than females, and that compared with the previous year, the younger age group 0—10 years of age, have had more cases than the older groups.

The epidemic of 1949 showed an equal sex distribution, and a more or less even distribution of incidence throughout all age groups.

Anterior Poliomyelitis usually shows seasonal incidence which is remarkably constant, being far more prevalent in July, August, September and October, but in Nottingham during 1950 there has been a more even distribution throughout the year, as is shown in the following table.

#### SEASONAL INCIDENCE.

MONTH.	No. OF CASES.	MONTH.	No. OF CASES.
JANUARY .. ..	4	JULY .. ..	8
FEBRUARY .. ..	1	AUGUST .. ..	4
MARCH .. ..	2	SEPTEMBER .. ..	6
APRIL .. ..	3	OCTOBER .. ..	1
MAY .. ..	3	NOVEMBER .. ..	2
JUNE .. ..	4	DECEMBER .. ..	3
TOTAL ..			41

Out of the total, there was only one death—a boy aged 15 years, who died on the day following admission to hospital from an acute bulbar polioencephalitis.

All the cases were treated in hospital, and the impression gained by the physicians in charge is that the diminution of the paralysis which has occurred during treatment has been most encouraging, cases which were severely paralysed to begin with having recovered either completely or almost so.

### ACUTE GASTROENTERITIS IN INFANTS.

The disease is not notifiable and its incidence in the community is therefore only partially known. The figures provided by the Medical Superintendent of the Heathfield Hospital however, give some interesting information.

There were eighty patients admitted for treatment, the majority of them under the age of eighteen months. There is a reduction in the numbers as compared with the previous year.

The following table gives the age and sex distribution, together with the number of deaths :—

AGE.	MALES.		FEMALES.	
	Cases.	Deaths.	Cases.	Deaths.
0 — 6 Months ..	28	2	20	3
6 — 12 Months ..	13	2	7	—
12 — 18 Months ..	5	—	1	—
18 Months—2 Years ..	—	—	1	—
2 — 3 Years ..	3	1	2	—
TOTAL ..	49	5	31	3

The mortality remains high, at 10%, and it is obviously one of the important causes of infantile mortality, since out of the eight deaths seven of them occurred under the age of twelve months.

### ACUTE DYSENTERY.

The most disturbing feature of the return of infectious disease for 1950, is the rapid increase in the number of cases of dysentery notified, from ten and twenty in the years 1948 and 1949, to two hundred in 1950.

Practically all these cases were of the Sonne type, and each one was investigated carefully in the home, in an attempt to prove the source of infection and prevent further spread.



Sonne dysentery is a condition which is rapidly increasing in incidence throughout the Country as a whole, and unfortunately its epidemiology is not thoroughly understood, and in none of the routine enquiries in Nottingham, was it possible to reach a satisfactory conclusion as to the mode of infection.

It seems reasonable to suppose that food is the infecting medium, but, unlike many cases of food poisoning, where the history of a case can be followed with bacteriological laboratory help, Sonne dysentery does not lend itself easily to this form of investigation.

Of the total, some thirty-seven cases had to be admitted to hospital for treatment, all of whom made a good recovery.

Infants and young children appear to be exceptionally prone to the disease, although it is certainly not limited to this age group.

#### **MEASLES.**

This condition is one which from time to time can be expected to introduce a number of serious complications. Most cases are nursed at home satisfactorily. It was found necessary to admit thirty patients to hospital because of the complications arising, and amongst these there was one death.

#### **WHOOPING COUGH.**

Taking into consideration the number of cases notified and the severity of the condition and its complications, whooping cough must be considered the most important of all the common infectious diseases of childhood.

There was a high incidence in the condition during 1950, and out of more than 1,400 cases, 33 had to be admitted to hospital with serious complications. Of these five died.

The early isolation and treatment of cases of whooping cough to prevent further spread of infection amongst children, cannot be too strongly emphasised.

#### **SICKNESS BENEFIT FOR CONTACTS OR CARRIERS OF INFECTIOUS DISEASE.**

The authority given by the Ministry of Health Circular 115/48, which authorises the Medical Officer of Health to certify contacts or carriers of infectious disease for sickness benefit, has proved to be most useful.

Action has been limited to those instances where a contact or a carrier is a danger to others by infecting food supplies and certificates were issued to those who were either in contact or carrying organisms of paratyphoid fever B. or of scarlet fever.

It was not necessary to use statutory powers for the exclusion from work of any food handler suffering from or being a carrier of dysentery or enteric fever.



# MATERNAL AND CHILD WELFARE

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## MATERNAL AND CHILD WELFARE

While the Domiciliary Midwifery Staff was maintained at full strength during the year, the Health Visiting Staff suffered depletion resulting in an increasingly heavy case load per health visitor. If this over-burdening continues, the reduced home visiting may be reflected in a fall in Welfare Centre attendances and a halt in the steady downward trend of child mortality and morbidity.

### BIRTHS.

There were 5,363 live births in the City, representing a birth rate of 17·47. The steady fall shown—see below—in the birth rate since 1947 is in accord with the national trend.

Year.		Nottingham.	England & Wales.
1941	..	16·04	14·1
1942	..	18·15	15·6
1943	..	19·11	16·2
1944	..	21·7	17·5
1945	..	19·7	16·1
1946	..	22·05	19·2
1947	..	23·9	20·6
1948	..	19·82	17·9
1949	..	18·9	16·7
1950	..	17·47	15·8

There were 386 illegitimate births, representing an illegitimate birth rate of 71·97 per 1,000 live births.

### ILLEGITIMATE BIRTH RATE PER 1,000 LIVE BIRTHS.

Year.		Nottingham.	England & Wales.
1941	..	74·5	53·63
1942	..	76·7	55·91
1943	..	85·9	63·87
1944	..	103·5	73·42
1945	..	142·5	93·27
1946	..	91·4	65·7
1947	..	79·4	52·9
1948	..	75·9	53·82
1949	..	77·5	50·
1950	..	71·97	49·

**STILLBIRTHS.**

There were during the year 107 stillbirths which have reduced the stillbirth rate from 19·9 to 19·5. The last 10 years has seen considerable reduction in the number, as the following table shows, but much progress remains to be made.

Year.		Rate per 1,000 total births.	England & Wales.
1941	..	31·66	35
1942	..	32·22	33
1943	..	34·30	30
1944	..	26·6	28
1945	..	23·9	28
1946	..	22·69	27
1947	..	21·9	24
1948	..	23·3	23
1949	..	19·9	22·7
1950	..	19·5	22·6

**PREMATURE BIRTHS.**

There were 389 premature births, which is 7·2% of the total live births and is a considerable increase on the figure of 4·7% in 1949. The percentage of approximately 7, however, is one which has been found to obtain over the country generally. The policy of admitting to hospital women in premature labour continues : there, premature infants receive the necessary skilled care and attention from the time of birth. Nevertheless, there were 158 babies born prematurely at home. Of these, 18 were transferred to hospital and the remaining 140 were nursed at home.

**INFANT MORTALITY.**

There were 165 deaths of infants under the age of 1 year, representing an infant death rate of 31 per 1,000 live births, which is closer to the national infant death rate than has been the case for several years. The illegitimate infant death rate was 41 per 1,000 illegitimate births, compared with the legitimate infant death rate of 30 per 1,000 legitimate births.

Year.			Nottingham.	England & Wales.
1941	..	..	80	69
1942	..	..	62	56
1943	..	..	65	55
1944	..	..	56	46
1945	..	..	53	46
1946	..	..	42	43
1947	..	..	50	41
1948	..	..	44	34
1949	..	..	38	32
1950	..	..	31	29·8

The fall in the infant death rate is entirely due to the reduction in the number of deaths of infants between the ages of 4 weeks and 1 year—see below :—

DEATHS PER 1,000 LIVE BIRTHS.

Year	Under 1 month	From 1 month to 1 year.
1947	27·7	22·3
1948	20·5	23·5
1949	16·	22·
1950	16·9	13·7

The following table shows the main causes of death and the proportionate death rates :—

			1947	1948	1949	1950
All Causes.			Total Death Rate.			
			50	44	38	31
Individual Causes			Proportionate Death Rate.			
Respiratory Disease	..	..	13·2	14·9	13·5	7·46
Diarrhoea and Enteritis	..	..	4·3	5·6	6·6	2·24
Congenital Malformations	..	..	6·3	4·9	4·03	5·22
Prematurity	..	..	10·6	4·9	5·43	7·09
Atrophy, Debility, Marasmus and Atelectasis	..	..	5·4	4·4	4·3	2·24
Birth Injury	..	..	1·4	1·2	1·4	·93
Other Causes	..	..	8·8	6·1	2·8	5·59



The reduction in the infant death rate has been the result of fewer babies dying of the respiratory and gastro-intestinal infections which, with proper care and with attention to hygiene, are largely preventable. The fall in the number of deaths from respiratory infection is gratifying as there is no apparent decrease in the extent of overcrowding and unhygienic conditions, which have so important an influence on this group of infections in infants.

### NEO-NATAL MORTALITY.

There were 91 deaths of infants under 1 month representing a neo-natal mortality of 16·9. Of these babies, 88% died in the first week of life compared with 76% in 1949 and 75% in 1948.

#### Principal Causes of Neo-Natal Deaths, expressed as percentages of total number of Neo-Natal Deaths.

	1947	1948	1949	1950
Prematurity .. .. .	37·8	33·9	31·2	41·76
Congenital Malformations ..	16·5	20·6	19·4	25·27
Atelectasis and Prematurity ..	13·4	16·5	23·6	12·09

It will be observed that deaths due to these three causes have risen steadily between 1947 and 1950. At the same time there has been a corresponding decline in other causes of neo-natal deaths, including infection.

It would appear that we are approaching nearer to the situation where the deaths in the first 4 weeks of life are almost entirely those associated with the factors which influence stillbirths and premature labour. These factors are manifold and recent research suggests that not only medical and biological factors, but economic and environmental factors play their part.

### DEATHS OF PREMATURE BABIES.

The following table shows the mortality of premature babies born at home and in hospital, according to birth weights.



	BORN AT HOME			BORN IN HOSPITAL		
	Born	Died	Percentage Mortality	Born	Died	Percentage Mortality
Up to 2 lbs. ..	2	2	100	10	10	100
2 — 3 lbs. ..	6	2	33·3	17	12	70·6
3 — 4 lbs. ..	17	1	5·8	33	9	27·2
4 — 5 lbs. ..	63	4	6·3	77	13	16·9
5 — 5½ lbs. ..	70	3	4·3	94	5	5·3
TOTAL ..	158	12	7·6	231	49	21·2

The death rates per thousand relevant births are therefore 76 for babies born at home and 212 for babies born in hospital.

These figures follow the trend found in other areas and indicate that where home conditions are suitable the heavier premature babies probably do better when nursed at home.

#### MATERNAL MORTALITY.

There were two deaths of women ascribed to pregnancy and childbearing which represents a maternal mortality rate of 0·37 per thousand live and stillbirths, the lowest yet recorded in the City.

#### — DOMICILIARY MIDWIFERY SERVICE. —

**Staff.** With a fall in the birth rate from 18·96 to 17·47, the number of confinements conducted by City midwives fell to 2,558—a decrease of 186 from the 1949 figure. The case load per midwife has accordingly approximated more closely to that recommended by the Rushcliffe Committee of 66 per annum per midwife and 90 per annum for the approved teacher working with a pupil.

In 440 cases the doctor was present at the delivery, the midwife acting as a maternity nurse. The proportion of unbooked

emergency cases has remained remarkably constant. There were 41 such cases in the year, which represents 1·6% of the total home deliveries.

**District Training of Pupil Midwives.** During the year, 38 Part II pupil midwives from The Firs Maternity Hospital undertook their district training. There are now 18 midwives approved as district teachers, 4 midwives being approved during the year. This increase in the number of approved teachers has been made in order to give a respite from training to each midwife teacher in the course of the year.

**Hospital Bookings for Social Reasons.** The demand for hospital confinement for social reasons continues to increase. Although there were 353 fewer confinements in the City, the number of those taking place in hospital for social reasons rose from 412 to 435, representing 17·5 of the total hospital confinements compared with 16% in 1949.

**Analgesia—Gas and Air.** This has been the first whole year in which all the midwives of the Domiciliary Service were qualified to administer gas and air analgesia to women in their own homes. Demonstrations are given by the midwives twice a month at all the ante-natal clinics in order that the mothers may be familiar with the apparatus and the technique of administration. Only 35% of the women delivered at home took advantage of this form of analgesia but it is anticipated that the demand will grow with experience and education.

**Pethidine.** The Dangerous Drugs Regulations 1950 which came into operation on the 1st April 1950 authorised midwives to administer the analgesic drug Pethidine, subject to a number of conditions which govern the use of dangerous drugs.

**Maternity Packs.** The number of maternity packs issued to women to be confined at home was 2,654.

**Maternity Emergency Service.** The Obstetric Flying Squad from the City Hospital has continued to provide invaluable service in resuscitation and emergency treatment in the home, and was summoned for the following conditions :—

Post-partum Haemorrhage	..	..	10 cases
Retained Placenta	..	..	12 „
Ruptured Uterus	..	..	1 „

**Consultant Clinic.** Medical Officers from the City ante-natal and post-natal clinics referred for consultation 583 women to the Specialist clinic which is held weekly in the Edwards Lane Welfare Centre.

**Mass Miniature X-Ray Examination.** The number of women referred to the Chest Radiography Centre was 2,664, of which 846 (31·7%) failed to attend. Of the 1,818 who attended, 139 were recalled for a large film X-ray. The results of these further examinations were :—

Active Tuberculosis	..	..	..	8 (0·44%)
Healed Tuberculosis	..	..	..	90 (4·9%)
Non-tuberculous conditions of the Lungs	..	..	..	32 (1·7%)
Heart Cases	..	..	..	9 (0·49%)

The number of women who fail to take advantage of this form of chest examination is still too high, though the percentage of defaulters has fallen from 34·6% in 1949 to 31·7% in 1950. The importance of the examination is shown by the fact that 8 women (0·44%) were found to be suffering from active pulmonary tuberculosis.

**Home Care of Premature Babies.** In September 1950 one midwife was trained at the Premature Baby Care Course at the Sorrento Maternity Hospital, Birmingham, and additional midwives will soon be trained in the course of 1951. These midwives undertake from the time of birth the care of premature babies born at home who, being especially vulnerable to infection, require special care and adjustment of their environment.



**Mortality and Morbidity.** There were two deaths of women from sepsis: one woman who was confined at home died after admission to hospital and the other died in hospital from sepsis following a self-procured abortion.

There were 16 notifications of puerperal pyrexia, only five of which occurred on the district.

Notified cases of ophthalmia neonatorum showed a decrease of 41 from the previous year : there was no impairment of vision in any baby.

#### GENERAL STATISTICS.

<b>Total births</b> , single, still and multiple	..	..	<b>5,470</b>
Born in hospital	..	..	2,538
Born at home	..	..	2,588
Attended by City Midwives	..	2,560	
Attended by Private Midwives	..	20	
Attended by Private Doctor	..	1	
Unknown	..	7	
Born in nursing homes	..	..	214
Inward transfers	..	..	130

Although there were fewer births in the City in 1950, the proportion of babies born in hospital has risen to nearly 50% from 45% in 1949.

#### Work of the City Midwives.

##### Deliveries (single and still-births)

No. of cases delivered as midwives	..	..	2,118
No. of cases delivered as maternity nurses	..	..	440
			<hr/> 2,558

##### Visits to Mothers.

Ante-natal	..	..	..	..	15,737
Post-natal	..	..	..	..	46,026
Special	..	..	..	..	2,093
					<hr/> 63,856

##### Supervision of Midwives.

Visits to expectant mothers	..	..	..	43
Post-natal visits	..	..	..	78
Visits in connection with stillbirths	..	..	..	7

Visits in connection with puerperal pyrexia ..	7
„ „ „ „ skin conditions ..	6
„ „ „ „ premature babies ..	5
Visits of inspection of midwives' records and equipment .. .. .	134
Inspection of midwives in nursing-homes ..	15
Interviews concerning home conditions ..	567

### REQUIREMENTS OF CENTRAL MIDWIVES BOARD.

#### Midwives.

Notifying intention to practise .. .. .	136
Practising at the end of the year .. .. .	122
Ceased to practise in this area .. .. .	14

#### Distribution in Active practice.

Domiciliary Service .. .. .	37
City Hospital .. .. .	36
Firs Maternity Hospital .. .. .	15
Women's Hospital .. .. .	19
Nursing-homes and Nursing Co-operations .. .. .	10
Private Practice .. .. .	5

#### Notifications to Local Supervising Authority.

Still-births—acting as midwives .. .. .	25
Deaths of babies — acting as midwives .. .. .	18
„ „ „ — acting as maternity nurses .. .. .	3
Institution of artificial feeding .. .. .	196
Liability to become a source of infection .. .. .	10

#### Medical Aid Calls to Doctors from Midwives.

	City Midwives	Private Midwives	Nursing- homes	Total
For mother .. .. .	685	6	14	705
For baby .. .. .	194	3	2	199

Medical aid was sought for the following conditions :—

#### Mother.

Abnormal presentation .. .. .	26
Ruptured perineum .. .. .	346
Prolonged labour .. .. .	99
Ante-partum haemorrhage .. .. .	40
Post-partum haemorrhage .. .. .	26
Retained placenta .. .. .	36
Abortion and miscarriage .. .. .	19
Pyrexia .. .. .	34
Other conditions .. .. .	79

— 705



**Child.**

Prematurity	..	..	..	21	
Jaundice	..	..	..	5	
Deformity	..	..	..	12	
Eye discharges	..	..	..	3	
Other conditions	..	..	..	88	
Sent to Eye Infirmary for advice and treatment	..	..	..	70	
				—	199

**Maternal Mortality.**

Rate : 0.37 per 1,000 live and still-births—including abortions.

Deaths in Domiciliary confinements	..	1—sepsis
„ „ Hospital	..	1—sepsis

**Puerperal Pyrexia.**

Cases Notified	Arising in		Nursed at home	Admitted to Hospital	Deaths	Notification Age Groups.			
	Hospital	Home				15-20	20-25	25-35	35-40
16	11	5	4	1	0	5	2	8	1

**Ophthalmia Neonatorum.**

Cases notified :—

Institutional confinements	..	..	10	
Domiciliary	..	..	38	
			—	48

Of the 48 notified cases, 4 were treated in hospital and the others at home.

The total number of visits to homes paid by the Ophthalmic Nurse was 2,607.

## ——— HEALTH VISITING ———

**Staff.** At the beginning of 1950 the health visiting staff numbered 29. The numbers fluctuated during the year with resignations and new health visitors from the Training Centre joining the staff, and by the end of the year there were 23 health visitors on the staff. This decrease in numbers has not only

resulted in the health visitors carrying heavy case loads of more than 1,100 children under the age of 5, but has prevented them from undertaking their extended duties under the National Health Service Act.

**Sickness.** During the year, 144 working days were lost through sickness, which represents an average of about 5 working days per health visitor—a figure which has remained constant for two years.

### Home Visits.

Primary visits	..	..	..	..	5,162
Re-visits under 1 year	..	..	..	..	22,540
„ 1—5 years	..	..	..	..	50,906
Other visits	..	..	..	..	388
					<hr/>
Total number of home visits	..	..	..	..	78,996
					<hr/>
“ No-access ” visits	..	..	..	..	16,348

The number of children visited showed an increase of 732 on 1949, though the actual number of visits paid was less.

A review of attendances showed that approximately 70% of the children under 1 year of age attended a welfare centre, but between the ages of 1 and 5 years the percentage fell to an annual average of 43%.

**Welfare Centres.** There have been a few minor adjustments in the routine clinic activities at the 12 welfare centres and some additional specialised sessions have commenced, as under :—

**Ante-natal Relaxation Class.** With the services of a part-time physiotherapist, 2 sessions weekly were started in December at Radford and Huntingdon Street Welfare Centres. Attendances have been small but this is not unexpected and when the benefit of this service becomes appreciated it is anticipated that more women will co-operate.

**Child Consultation Clinic.** Dr. A. C. Blandy was appointed by the Regional Hospital Board as a part-time paediatrician and has conducted a weekly consultation clinic at Huntingdon St. since the 11th September 1950. The average number of children seen at each consultation session has been kept small to enable the paediatrician to devote a satisfactory period to each case. This service is not intended to replace the routine referral of children to hospital out-patient departments for minor defects and disorders, but to assist the clinic medical officers with difficult cases.

**Centre Attendances.** There were more clinic sessions held in 1950 and as the total attendances were slightly less, the average attendance at each clinic session has been smaller. As only one of the 12 Welfare Centres in the City is a properly planned building designed as a welfare centre, over-large attendances at clinic sessions with resulting congestion is not desirable.

**Ear, Nose and Throat Consultation Clinic.** An ear, nose and throat consultation clinic is held once each month at Edwards Lane Centre. The consultant examined 227 children at this clinic and made recommendations as under :—

For operation	..	..	..	190
No treatment	..	..	..	15
For review	..	..	..	4
Referred to private doctor, hospital etc.				18

#### **Orthopaedic Cases.**

Number of children referred to Cripples' Guild for treatment — 768.

The main conditions were as follows:—

Knock-knees, flat feet and bow-legs	..	618
Congenital deformities	.. ..	104
Paralysis	.. ..	15
Rickets	.. ..	15
Other conditions	.. ..	16

—— MOTHER AND BABY HOME. ——

No. 1 Queen's Drive.

This Home provides accommodation for eight unmarried mothers with their babies and during the year 22 expectant mothers were admitted. The average period of stay has been 11 weeks and the mothers and babies are kept until satisfactory employment and accommodation—either with relatives or in lodgings—are found. Every effort is made to encourage the mothers to keep their babies and last year there were only 3 adoptions. The health of the mothers and babies throughout the year was satisfactory.

The house at No. 1 Queen's Drive—which is an old one and not easy to run—has, nevertheless, been much improved during the year by the installation of an additional lavatory and wall-type electric fires in all the bedrooms.

The results of the work carried out are summarised below :—

Mothers at the Home 1.1.50	..	..	..	4
Mothers who returned home with their babies	..			4
„ „ went into lodgings with their babies				2
„ „ married the fathers of their babies	..			2
„ „ married and kept their babies	..			1
„ „ went to work and baby admitted to residential home	..	..	..	2
„ „ absconded from the home	..	..		1
Special case admitted to Aston Hall and baby sent to residential home	..	..	..	1
Special case returned to Manchester	..	..		1
Babies adopted	..	..	..	3
Stillbirths	..	..	..	1
Mothers remaining in the Home on 31.12.50	..	..		8



## ATTENDANCES AT MATERNITY &amp; CHILD WELFARE CENTRES — 1950

	MOTHERS.						INFANTS.				TODDLERS.			
	No. of Sessions	New Cases	Return Visits	Post-Natal Visits	Total Attendances	Approx. Average per Session	No. of Sessions	New Cases	Attendances	Average Attendances	No. of Sessions	New Cases	Attendances	Average Attendances
Aspley ..	99	302	1,599	95	1,996	20.1	99	348	5,514	55.7	43	6	478	11.12
Basford ..	96	222	1,068	67	1,357	14.1	96	234	4,852	50.54	25	4	283	11.32
Bilborough ..	52	125	866	97	1,088	20.8	100	300	5,875	58.75	52	7	716	13.76
Bulwell ..	52	221	987	69	1,277	24.5	99	304	5,213	52.66	41	27	540	13.17
Edwards Lane ..	48	165	754	49	968	20.1	100	278	5,329	53.29	51	1	797	15.63
Hyson Green ..	—	—	—	—	—	—	100	304	6,036	60.36	—	—	117	—
Huntingdon Street ..	99	363	1,444	66	1,873	19.0	103	364	5,667	55.02	52	—	675	12.98
Jarvis Avenue ..	48	128	883	62	1,073	22.4	99	187	3,730	37.68	50	6	511	10.22
Lenton Abbey ..	—	—	—	—	—	—	52	36	1,585	30.48	13	—	150	11.54
Radford ..	152	550	2,859	186	3,595	23.6	152	652	11,038	72.62	49	—	982	20.04
Sneinton ..	99	376	2,099	115	2,590	26.1	100	436	6,484	64.84	49	20	675	13.78
Wilford Road ..	103	334	1,639	113	2,086	20.2	103	370	6,115	59.37	42	9	538	12.81
	848	2,786	14,198	919	17,903	21.1	1,203	3,813	67,438	56.06	467	80	6,462	13.84
Consultant Clinic ..	52	583	388	93	971	18.7								

## DAY NURSERIES.

### Day Nursery Places.

In the 9 City day nurseries there are 135 approved places for children up to 2 years and 205 places for children between 2 and 5 years. Each nursery has its full number on the register and a list of urgent cases awaiting admission. There is an increasing need in the City for short-stay accommodation for children whose mothers are sick or in hospital.

### Priorities for Admission.

In March 1950—on account of increasing waiting lists at all nurseries—a survey was made of the social conditions of children attending the nurseries. It was found that in some instances home conditions had so changed since admission that nursery accommodation was no longer necessary. These places were accordingly given to more urgent cases. At the end of the year the following were the main categories into which the children in the day nurseries could be placed :—

Children whose mother was the sole breadwinner	..	35%
„ whose parents were disabled, in prison, or suffering from chronic illness	.. .. .	12%
„ where the family income was insufficient	..	33%
„ whose mothers were in essential employment, e.g. nurses and teachers	.. .. .	5%
„ from bad housing conditions	.. .. .	10%
„ temporarily accommodated at special request	..	2%
Others	.. .. .	3%

### Day Nursery Closure.

Arnold Road and Sycamore Road nurseries were closed for periods of six weeks for redecoration and certain structural alterations, during which time the children were accommodated in other nurseries.

## Sickness.

In the early months of the year outbreaks of Sonne dysentery depleted the attendances at three nurseries and two nurseries were affected by measles and whooping cough.

## Infectious Diseases.

Sonne Dysentery	..	..	..	51
Measles	..	..	..	44
Whooping Cough	..	..	..	26
Chickenpox	..	..	..	16
Scarlet Fever	..	..	..	3

## New Accommodation.

In April, the Health Department took over the staffing and organisation of Pearson St. Nursery which had hitherto been administered as a private nursery by the Charity Commissioners. The trained nursery staff has maintained a high standard in spite of difficult conditions and the children are well and happy.

## Attendances.

Because of the outbreaks of infection mentioned above, the attendances for 1950 were 2,379 less than in 1949. Attendances in the nine nurseries were as follows :—

Age Group.	Average Daily Attendance.
0 — 2 yrs.	89.2
2 — 5 „	172.1

Children attending the day nurseries are very happy. New-comers quickly settle into nursery life and benefit from the skilled care and attention they receive.

## Nursery Training Centre.

The number of students in training was doubled in 1950, 46 being admitted to the Training Centre on the 1st September. These students spend two days each week at the Nursery Training

Centre and three days in nurseries and nursery-schools. A medical officer from the Health Department and the Supervisor of Day Nurseries each devote two days a week to the training of the students at the Training Centre. Observation visits are made to a dairy, a refuse-disposal station, sewage works, welfare centres and hospitals. In September, 19 students took the examination of the National Nursery Examination Board and 18 were successful. The candidate who failed passed the examination in November.

### **Nurseries and Child Minders' Regulations Act 1948.**

There were 6 applications for registration as Child Minders and 4 of these were approved. There is now a total of 15 women registered as daily minders.

### **Private Day Nurseries.**

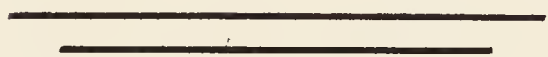
The only private day nursery in the City is attached to the Bairns-Wear Factory, which provides daily care for 50 children in satisfactory premises.

### **NURSING HOMES.**

At the end of the year there were 11 nursing-homes on the register providing 29 maternity beds and 47 others. In addition to regular visits of inspection by medical officers, the maternity nursing-homes were visited in connection with the supervision of midwives.



# HOME NURSING



## HOME NURSING

This service continues to be provided by the Nottingham District Nursing Association on an agency basis under Section 25 of the National Health Service Act.

The records show an increase in the number of patients receiving nursing treatment and, therefore, in the number of visits paid by the Nursing Staff. This increase, however, in the number of visits is proportionately less than the increase in the number of patients under care, due to “spreading” of the service in an endeavour to satisfy, in part, the need in a greater number of homes.

The effect of this “spreading” requires early adjustment by the engaging of about 15 further nurses, so that pressing needs can be met ; at present, the Home Help Service is a valuable supplement in cases where care rather than nursing is required.

A high proportion of the work, approximately 90%, is requested by General Practitioners—the other 10% being requested by Hospital Almoners, Welfare Officers, the Home Help Organiser and occasionally, voluntary Organisations.

The Association has maintained its close co-operation with the Hospitals and the many Voluntary Services.

	1949	1950
Total Number of patients visited ..	3,120	4,071
„ „ „ visits paid ..	118,915	127,734
Number of patients remaining on the books		
1st January ..	642	826
<b>Visits discontinued :—</b>		
Convalescents ..	1,436	1,857
Admission to Hospitals and Nursing Homes	410	492
Died ..	604	580
Other causes—treatment completed or discontinued ..	28	316
Total ..	2,478	3,245

It is of interest to note the high proportion of patients to whom visits are discontinued by reason of convalescence being reached, in comparison to the number of patients admitted to hospital or whose deaths are recorded.

In addition to nursing care previously undertaken by the Home Nursing Service, especially since June, 1950, many more tuberculosis patients (surgical and respiratory) received home nursing care and treatment. The introduction of intra-muscular injections of streptomycin for these patients caused the increase in the number of visits paid. In August, these visits were curtailed when on the recommendation of the Chest Physician these injections were required to be given once daily, not twice, as previously. However, as more patients are receiving this treatment—at the time of writing about 100—the number of visits are in consequence again increasing. Many more patients are receiving chemotherapy and further the total visits are increased in connection with pre-operative and diagnostic treatment.

In recent years, due either to a number of patients living alone or due to the full time employment of other members of the household, causing sick persons to be left alone in the house, the time occupied by the nurse attending to the needs of these patients is much prolonged, especially as there is today—it has to be regretfully recorded—an almost complete absence of helpful neighbours.

Many patients have insufficient bed linen and sleeping attire, a condition which is further complicated by lack of adequate laundry facilities, thereby reducing the value of the nursing service given to these patients.

Nursing equipment loaned to the patients is much appreciated by those availing themselves of the service and considerably assists the nurses in carrying out their duties.

The wider field of work now undertaken requires more supervision and investigation of case reports, etc., and thereby has tremendously increased the work of the administrative staff.

The use of cars by some under the allowance scheme has assisted the nurses to overcome the difficulties of distances covered in the larger areas and also facilitates the answering of emergency calls in the late evening.

The number of nurses has increased by 8 during the year and the staff on 31st December, 1950, consisted of :—

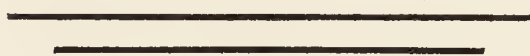
Superintendent

Assistant Superintendent

Nursing Sisters and other Nurses—36.



# IMMUNISATION AND VACCINATION



## IMMUNISATION AND VACCINATION

The work carried out by the Health Department under section 26 of the National Health Service Act has not changed in any way during 1950. Vaccination against smallpox and immunisation against diphtheria are the only two procedures which are approved.

No indication has been given during the year that whooping cough inoculation has received official recognition. Research is still continuing in an effort to decide whether this procedure has any real value, and until the results of the research are known, it will not be recommended as a suitable procedure to be adopted in Nottingham.

### IMMUNISATION AGAINST DIPHTHERIA.

The system of having two separate methods of tackling this problem has continued, one method for those children in attendance at school or nursery schools, and the other for children under the age of five years, except those attending nursery schools.

The six centres for the under fives are situated throughout the City, in order to serve as conveniently as possible the maximum number.

The following table shows the number of sessions held at each of these centres and the average attendance per session :—

#### PRE-SCHOOL CHILDREN.

Centre.			Number of Sessions.	Average attendance per session.
Huntingdon Street	..	..	26	80
Radford Boulevard	..	..	25	61
Wilford Road	..	..	11	48
Edwards Lane	..	..	13	51
Player School	..	..	12	83
Bulwell	..	..	11	77
Total	..	..	98	67·8

It should be noted that, although the number of sessions is approximately the same as in previous years, the average attendance per session has fallen considerably, from 81 in 1949 to approximately 68 in 1950.

The arrangements for school children consist of a travelling team visiting large schools whenever the number of consents for immunisation is sufficient, and serving at the same time other smaller schools in the area, nursery schools and any private school wishing to participate in the scheme.

#### SCHOOLCHILDREN.

The following work has been done :—

No. of sessions	.. .. .	100
Average No. of children attending each session	.. .. .	39

It should be noted that, as in the case of the under fives, the total number of sessions is the same as in previous years, but the average number of children attending each session is considerably less. In 1949 the average was 52 as compared with 39 in 1950.

The immunising agent used in all cases was Alum Precipitated Toxoid (A.P.T.), provided through the Public Health Laboratory Service. No Schick testing has been carried out, as this is thought to be unnecessary in view of the very low incidence of diphtheria in the community.

#### IMMUNISATION SITUATION AT 31st DECEMBER, 1950. CHILDREN UNDER 15.

Year of BIRTH.	No. of children born in each year between 1936 & 1950, who had completed a full course of Immunisation AT 31st DECEMBER 1950.	Percentage of Child Popu- lation Immunised AS AT 31st DECEMBER 1950.
1936	3,732	
1937	3,380	
1938	3,494	
1939	3,524	
1940	3,270	
		Age 0 — 1 year 4%

Year of BIRTH.	No. of children born in each year between 1936 & 1950, who had completed a full course of Immunisation AT 31st DECEMBER 1950.	Percentage of Child Popu- lation Immunised AS AT 31st DECEMBER 1950.
1941	3,191	Age 1 — 4 years 66%
1942	3,562	
1943	3,732	
1944	4,032	Age 5 — 14 years 82%
1945	3,303	
1946	3,861	
1947	4,534	
1948	3,719	
1949	3,135	
1950	218	
	<hr/> 50,687	

#### TOTAL NUMBER IMMUNISED.

Aged 0—15 at 31st December, 1950	..	50,687
Estimated mid-year Population 0—15	..	71,120
Percentage of child population immunised	..	71%

The first thing to notice from the above table is the fairly high level of immunisation in the child population as a whole, but the position is somewhat unsatisfactory when we examine the youngest age group.

It would appear that a large percentage of children under the age of five still need to receive primary immunisation, and children under the age of one year show a most unsatisfactory result, in spite of continued efforts to concentrate on this age group. The reason may be that due to the receding importance of diphtheria as a major disease, parents are more inclined to neglect their duty.

It may be too, that increasing difficulty in obtaining adequate numbers of health visitors has had its reflection in these figures. It must be remembered that it is the health visitor who is the prime mover in getting the consent of the parents to immunisation.



The figure of 4% of children immunised under the age of one year, as shown in the above table, may be somewhat misleading because it shows the position only for one particular day, e.g. 31st December 1950, but if we look at the position from a different angle, as shown in the following table, we are still left with the impression that far more must be done for the children under the age of one year :—

No. of children immunised in 1950 who, at the time of completing a course of immunisation, were under the age of 1 year.	Expressed as a percentage of births during 1950.
2,132	41%

We can only feel satisfied when the figure of 41% shown above has been raised to 75%, and it is to this end that our efforts must be redoubled.

The tendency for the under fives not to be adequately protected is further emphasised by the following table, which shows that this group, which is the one most needing protection, is less well immunised than the whole group of children from 0—15 years of age :—

**PERCENTAGE OF CHILD POPULATION IMMUNISED  
AS AT 31st DECEMBER, 1950.**

In Year.				0 - 4 Years of Age Inclusive.	0 - 14 Years of Age Inclusive.
1946	..	..	..	45	66
1947	..	..	..	44	65
1948	..	..	..	55	70
1949	..	..	..	53	72
1950	..	..	..	55	71

The reason why the whole group of children 0—15 years of age is better protected than the under fives, is due to the fact that a considerable amount of primary immunisation is left until the child actually starts school, and this is brought out clearly in the

next table which gives the actual numbers of primary immunisations carried out under school age, and when the child has entered school, for the past five years.

### PRIMARY IMMUNISATIONS.

No. of Immunisations carried out in	Children under School age.	Children in Schools.
1946 ..	.. 3,793	751
1947 ...	.. 3,732	843
1948 ..	.. 5,493	1,188
1949 ..	.. 4,695	778
1950 ..	.. 4,106	544

Ideally, a child should be immunised before reaching the age of one year, and the only procedure carried out at schools should be that of a re-inforcing injection.

The tendency to wait until a child enters school before carrying out primary immunisation must be made the subject of further propaganda work.

### NUMBER OF IMMUNISATIONS CARRIED OUT IN THE PAST 5 YEARS.

Primary Immunisations			Re-inforcing Injections.	
	Health Dept. Centres.	*By private Practitioners.	Health Dept. Centres.	*By private Practitioners.
1946 ..	4,544	—	193	—
1947 ..	4,575	—	7,217	—
1948 ..	6,579	102	6,358	—
1949 ..	5,120	353	2,844	14
1950 ..	4,175	475	2,156	34
Total ..	24,993	930	18,768	48

\* Includes only those cases for which a Private Practitioner has rendered a record card to the Health Dept.—applicable only since 5th July, 1948.

The decrease in the total number of immunisations carried out is largely due to the falling birth rate since 1947. The bulk of the immunisations is done at Health Department centres, but there has been an increasing tendency over the past three years for general practitioners to take a bigger part in this work.

An important point worthy of note is the gradually decreasing number of re-inforcing injections given since 1947. Clearly not all children who have been primarily immunised in infancy are receiving the extra protection to which they are due, by a re-inforcing injection at school.

#### **POSSIBLE ASSOCIATION BETWEEN IMMUNISATION AND POLIOMYELITIS.**

Since a possibility of an association between poliomyelitis and injections was suggested some two years ago, a close watch on the situation has been kept throughout the Country.

In 1950, some 41 cases of poliomyelitis occurred and each one was carefully investigated for possible association between the onset and site of the disease, and an injection.

In no case was there any association.

Investigation of this problem is continuing, and the Health Department is taking part in a nation wide research being carried out by the Medical Research Council.

Although it is clear that there is some slight association between poliomyelitis and injections, the danger following immunisation against diphtheria is small. There is some evidence to show that the risk is a little greater with whooping cough inoculation, but this latter procedure is not being carried out through Health Department arrangements.



A sense of proportion must, however, be kept. Diphtheria is a much greater danger to the child population ; the present control of diphtheria must not slip back to the conditions which prevailed ten years ago, because of the very slight danger which exists from immunisation.

The following table shows the progress of the campaign against diphtheria since 1941 :—

Year.	No. of cases of Diphtheria.	No. of cases in immunised persons.	Deaths from Diphtheria.	No. of deaths amongst those who <i>had</i> <i>not</i> been immunised.
1941	.. 455	13	13	13
1942	.. 269	14	11	11
1943	.. 152	15	5	5
1944	.. 82	11	2	2
1945	.. 110	26	8	8
1946	.. 44	11	5	5
1947	.. 9	1	1	1
1948	.. 10	—	3	3
1949	.. 1	—	—	—
1950	.. —	—	—	—

In 1941 the immunisation campaign started, and it is clearly shown above how immunisation has led to the position in 1950, when for the first time no case of diphtheria occurred in the City.

It has been alleged that the incidence of diphtheria was falling before the immunisation campaign started. This is true, as it was with many other infectious diseases, but it has been shown quite clearly by a published communication from the Registrar General during 1950, that the rate of fall of the incidence of diphtheria has been considerably greater since 1941, than it was before the immunisation campaign was entered upon.

The lessons to be learned from the review of immunisation procedures during 1950, are, first of all that immunisation of



children under the age of one year should be stimulated with the object of producing primary immunity as soon as possible, and certainly before the child enters school.

Secondly, the added immunity given to school children by a re-inforcing injection is not being produced in a sufficient number of children.

### VACCINATION AGAINST SMALLPOX.

The Health Visitor takes the prime responsibility for obtaining consents for vaccination, and the same six centres as are used for diphtheria immunisations in the under fives are used for vaccination purposes. The sessions, however, are held at different times.

On receipt of consent forms from the Health Visitors, arrangements are made at one of these centres for vaccination to be carried out.

The following table gives a summary of the work done :—

Centre.	Invitations sent to those parents who had consented	Number Vaccinated.	Percentage of Invita- tions accepted	No. of Sessions.	Average attendance per session.
Huntingdon					
Street ..	664	536	81	22	24
Radford					
Boulevard ..	594	423	71	23	18
Wilford Road	193	148	77	13	11
Edwards Lane	306	167	55	13	13
Player School	404	245	61	13	19
Bulwell ..	247	209	85	13	16
	2,408	1,728	72	97	18

The difficulty in obtaining parental consent for vaccination is much greater than that of obtaining consent for immunisation, and it will be seen that even when parents have consented, only 72% of them bring their children for vaccination when invited to do so.

### VACCINATION DURING 1950.

	Age at 31st Dec. 1950.				Vaccination carried out by		
	Under 1 yr.	1—4 yrs. incl.	5—14 yrs. incl.	15 yrs. & over.	Totals.	Private Practitioners.	Health Dept. arrangements.
Primary Vacc.	2,003	91	44	164	2,302	581	1,721
Re-vaccination	—	3	14	232	249	242	7

It is gratifying to see that the number of vaccinations carried out show a considerable increase over those for the previous year.

Vaccination has always been a procedure which has been associated with the work of a general practitioner, and this is reflected in the figures shown above, which indicate that although the Health Department carries out a considerable number of vaccinations, the proportion done by private practitioners is considerable, and is rapidly increasing. The numbers have been more than doubled during the past year.

The effect of the recent outbreaks of smallpox in the British Isles has undoubtedly had its effect in stimulating interest in vaccination and this may have had something to do with the increased number of vaccinations carried out.

There have been no complications from vaccination, such as generalised vaccinia, or post-vaccinal encephalomyelitis, which do occur on rare occasions.

### INFANT VACCINATION.

Infant vaccination received a severe blow by the introduction of the National Health Service Act, which removed compulsion from the parents to see that the infants were vaccinated. Before the Act came into effect, nearly 37% of all children born in England and Wales were vaccinated before they reached the age of one year.

Immediately after the introduction of the Act the proportion of infants vaccinated fell to about 16% for the latter half of 1948 and for the whole of 1949. This tendency was, of course, reflected in the figures for Nottingham, but fortunately, not to such a large extent.

The following table shows what has happened with regard to primary vaccination under the age of one year, in Nottingham, since the National Health Service Act came into effect :—

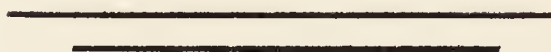
	Number of Primary Vaccina- tions under 1 year of age.	Percentage of total no. of births during the same period.
2nd half year, 1948	627	20.3%
1949	1,956	34.4%
1950	2,003	38.3%

It will be seen from the figures quoted above that the percentage of vaccinations in Nottingham did not fall as low as for the Country as a whole, and that it is now recovering rapidly, and is already above the level for the Country as a whole by a considerable margin, and is showing signs of approaching the level which was prevalent in Nottingham before the National Health Service Act, namely between 40 and 50%.





# CITY AMBULANCE SERVICE



## CITY AMBULANCE SERVICE

This report written by Mr. England deals with the year's work of the Service.

### Management of the Service.

The Ambulance Service is controlled by the Health Committee, but the management is in the hands of the General Manager of the City Transport Department who, as General Manager of the Nottingham City Ambulance Service, is responsible direct to the Health Committee.

### Salaried Staff.

The staff in the grading scheme comprises an Ambulance Superintendent, a Deputy Ambulance Superintendent, a Control Clerk, one Control Assistant, and a shorthand-typist.

### Employees.

Owing to the increase in work, approval was obtained for an increase from 60 to 65 in the number of driver-attendants. Suitable employees are being engaged.

One employee has been recalled to the Army during the present year.

### Ambulances.

At 31st December 1950, the ages of the nineteen ambulances were as follows :—

	AGE OF AMBULANCES IN YEARS.										
	Un- der one year	One to two years	Two to three years	Three to four years	Four to five years	Five to six years	Six to seven years	Seven to eight years	Eight to nine years	Nine to ten years	Over ten years
No. of amb.	2	3	—	2	—	1	1	2	—	—	8

Consideration has been given to the condition and age of the fleet and an order has been placed for five new ambulances on Humber Pullman Mark II chassis. Our aim has been a specially-constructed type of vehicle to convey patients with the maximum of comfort and particular attention has been given to the interior fittings. Toilet requisites, spare blankets, resuscitation apparatus, bandages, dressings and other requisites, are carried in special cupboards and lockers. Delivery of these vehicles is expected early in 1951.

### **Sitting-case Cars.**

During the year 1949 two new sitting-case cars were ordered, but only one was received. The other was delivered in March 1950. At the end of 1950 their mileages were 25,790 and 19,963 respectively.

In addition to the two new vehicles an older car is engaged on the transport of sitting cases. Further details of mileage for these vehicles appear in Appendix C.

### **Hire of Supplementary Transport.**

Additional transport for the conveyance of sitting cases has been hired as follows from the Corporation Central Garage :—

MONTH 1950.				Patients.	Miles.
January	..	..	..	4	52
February	..	..	..	9	110
March	..	..	..	2	19
April ..	..	..	..	7	79
May ..	..	..	..	2	17
June ..	..	..	..	4	45
July ..	..	..	..	2	42
August	..	..	..	—	—
September	..	..	..	17	67
October	..	..	..	15	82
November	..	..	..	4	37
December	..	..	..	9	73
				75	623

## Garage Accommodation.

The vehicles are garaged at the following places :—

GARAGES.	By day	By night
<i>Ambulances.</i>		
Isolation Hospital .. ..	2	2
City Hospital .. ..	4	4
Guildhall .. ..	3	3
Parliament Street Depot, City Transport Department ..	8	4
New Fire Station, Shakespeare Street .. ..	2	3
In a trade garage .. ..	—	3
	19	19
<i>Sitting-case cars.</i>		
Parliament Street Depot, City Transport Department ..	3	1
In a trade garage .. ..	—	2
Total, all vehicles .. ..	22	22

The locations of the vehicle garages are substantially as they have been since the 5th July 1948, but efforts are being made to find a site suitable for a central station and it is hoped in the course of two to three years to have only one large station two miles or so from the centre of the City. In addition, the Guildhall Depot—which is very close to the City centre—will be retained for accident and emergency cases.

The ambulances at the Isolation Hospital deal mostly with infectious cases : admission, discharge and out-patient cases of all hospitals are dealt with by the ambulances stationed at the City Hospital and at the Parliament Street Depot, whilst the majority of accident and emergency cases are dealt with from the Guildhall.

The offices and the ambulance control are situated at the Parliament Street Depot.



## **Training of Employees.**

The St. John Ambulance Association has kindly arranged further courses in First Aid, and a number of our employees have passed the examinations this year. A total of 56 employees (out of a total of 61) now hold first aid certificates of a recognised type.

All driver-attendants are trained in the operation of Novox resuscitation apparatus, and they are conversant with the types of cases in which they are likely to use it.

I record, with appreciation, that lectures on subjects kindred to ambulance work were kindly given as follows :—

Dr. J. B. Cochrane, M.B., M.R.C.O.G., of the City Hospital ; his subject was “ First Aid in Obstetrics ”.

Dr. I. J. Davies (at that time Medical Superintendent of St. Ann’s Hospital); his subject was “ The work of a Mental Hospital ”.

Mr. J. E. Westmoreland, Mental Health Officer; his subject was “ Mental Health ”.

## **Co-operation with Police and Fire Service.**

The spirit of co-operation between the City Police Force, the City Fire Service, and the City Ambulance Service, is very high, and the three services work in harmony for the benefit of the public.

At the request of the City Fire Service, ambulances were despatched to 25 fires in the City, from which 33 patients were conveyed, and the ambulances ran 125 miles.

## **Co-operation with other Authorities.**

The closest co-ordination is maintained between the Nottingham City Ambulance Service and the neighbouring ambulance services, for reciprocal assistance in the emergency use of ambulances and personnel, and for the mutual economical transport of patients.

Appendix A gives details of rechargeable journeys which have been made during 1950 on behalf of other authorities.

### **Civil Defence.**

The Civil Defence Act 1948 defines the obligations of Local Health Authorities in Civil Defence, and subsequent circulars clarify those obligations.

Briefly the peacetime ambulance service will be the nucleus of the war-time ambulance service, and, in war-time, the Ambulance Service would become the Ambulance Section of the Civil Defence Corps.

Paid employees of the peace time services are required to be trained in civil defence duties. Arrangements have been made and lectures have been given, to the present Ambulance Service personnel, on the civil defence basic general training.

All volunteers for the Civil Defence Corps will be trained in first aid: two sections will take a full course which will be arranged by the Ambulance Service with either the British Red Cross Society or St. John Ambulance Association. The two sections mentioned will be volunteers for the Rescue Service and for the Ambulance Service.

A number of volunteers for the Ambulance Service, having already completed the above-mentioned full course, have now been passed to the Ambulance Service for sectional training: that is to say, training in ambulance work.

Volunteers for other sections of the Civil Defence Corps will undertake a shorter course in first aid. These courses will be given by officers of the Nottingham City Ambulance Service.

The British Red Cross Society has always been ready to help and to arrange classes for the civil defence volunteers.

## **Emergency Calls.**

Fortunately, during the year now under review, there were no large-scale accidents. The highest number of emergency journeys performed in one day was 25 on the 7th October 1950.

## **Mileage, Patients and Out-Patients.**

On each of two days in 1949 a total of 246 patients and out-patients were transported and represents the highest number carried on one day. The highest figure is now 287 and was reached on the 4th July 1950. The record mileage of 1,498 miles on one day (14th January 1949) has not been exceeded, the highest day's figure in 1950 having been 1,445 miles on the 29th June 1950.

During 1950 a total of 62,858 patients and outpatients were transported over a distance of 321,673 miles, as tabulated hereafter.

The figures show an increase of 8,561 patients and out-patients and 20,247 miles over the 1949 figures: those increases amount to 15.77% more patients and out-patients, and 6.72% more miles. The figures are shown in greater detail in Appendix B.

## **Long-distance Journeys.**

Unless a medical practitioner insists upon road transport on medical grounds, long-distance journeys are made by railways: at all times the local staff of British Railways have been most helpful and co-operative, and patients often have been accommodated at short notice.

The following long-distance journeys were made by rail and road:—

### **Railway Journeys.**

January:	Lincoln, Long Sutton (Lincs.), Whitchurch (Salop), Hove (Sussex), Bourne (Lincs.), Bishop's Stortford (Herts.), Leeds, Skegness.
----------	--



- February: Malmesbury (Wilts.), Weston - super - Mare, London, Manchester, West Kirby.  
Nine patients on four journeys to Skegness.
- March: Alderley Edge (Cheshire), Hayling Island (Hants.), Horbling (near Sleaford), Corby Glen (near Grantham), Leeds, Birmingham, Whitchurch (Salop),  
Eight patients on four journeys to Skegness.
- April: Twice each to Whitchurch (Salop), and Skegness.  
Once each to Wallasey, Whiston (near Liverpool), Herne Bay (Kent), Buxton, Winchmore Hill (London).  
Two patients on one journey to Edinburgh.
- May: West Wickham (Kent), London, Peterborough, Whitchurch (Salop), Clipsham (Lincs.), Maidstone (Kent).
- June: Whitchurch (Salop), Stoke Mandeville (Bucks.), Ringway Aerodrome (near Manchester).
- July: Skipton (Yorks.), Brampton (Cumberland), London, Birmingham, Leeds.
- August: Pointon (Lincs.).  
Twice to Whitchurch (Salop).
- September: Ilkley, Barnet (Herts.), Liverpool, Leeds, Bradford, Dunstable (Beds.), Harrogate.  
Twice to London.
- October: London, Whitchurch (Salop), Boston, Skegness, Cleethorpes.
- November: Ivybridge (Devon), and return journey. Birmingham, Westcliffe-on-Sea (Essex), London.
- December: York, Chingford (Essex), Redhill (Surrey).  
Skegness, one journey with two patients.

### Road journeys.

- January: Birmingham, Malmesbury (Wilts.), Staveley.  
Two journeys to Sheffield.
- February: Sheffield.
- March: Hesley Hall (near Tickhill), Uttoxeter, Leeds, Normanton-on-Trent, twice to Sheffield.
- April: Sheffield, Birmingham, London, Boston.
- May: Worksop, Brammerton (Hants.), Leeds, Hunstanton.  
Twice to Sheffield.
- June: Rauceby (Lincs.), Birmingham, Sheffield, Coventry, Lancaster, Market Overton (Rutland), Stoke Mandeville (Bucks.).
- July: Leeds, Stamford, Bloxholme (Lincs.).



August: Broughton (Lincs.), Harworth, Coventry.  
Three journeys to Sheffield.

September: Coventry, Doncaster, Chester, Brigg, Leeds.  
Four journeys to Sheffield.  
Two journeys to Lincoln.

October: Doncaster, Osgodby (Lincs.), Retford, Lincoln.

November: Two journeys to Oxford.

December: Buxton, Mablethorpe.  
Two journeys to Leeds.

### Progress.

The report as a whole gives an indication of the pressure of work which has fallen upon the Ambulance Superintendent and the administrative staff. Their task, which commenced on the 5th July, 1948, was not only to formulate an administrative scheme, but also to meet under adverse conditions and with somewhat slender resources, new and constantly increasing demands for ambulance transport. That all these duties have been fulfilled is due to the energetic, able, and unsparing efforts on the part of all who are employed in the Ambulance Service. I extend to them my warmest commendation.

### Summary :

At the 31st December 1950, the Ambulance Service consisted of the following :—

Salaried staff in the grading scheme	..	..	5
Control Assistants	..	..	3
Driver-attendants and one attendant	..	..	61
			—
TOTAL PERSONNEL	..	..	69
			—
Ambulances	..	..	19
Sitting Case Cars	..	..	3
			—
TOTAL VEHICLES	..	..	22
			—
Ambulance Stations	..	..	4

## RECHARGEABLE MILEAGE 1950.

## Classified under months.

				Cars.	Ambulances.
January	..	..	..	885	3,803
February	..	..	..	562	3,940
March	..	..	..	615	4,004
April ..	..	..	..	1,233	4,163
May ..	..	..	..	1,503	5,104
June ..	..	..	..	961	4,377
July ..	..	..	..	1,269	4,844
August	..	..	..	1,445	4,426
September	..	..	..	1,182	4,735
October	..	..	..	911	4,091
November	..	..	..	850	4,612
December	..	..	..	856	4,208
				<hr/> 12,272 <hr/>	<hr/> 52,307 <hr/>

## Classified under ambulance authorities.

Authority.			Cars.	Ambulances.	Patients.
Derbyshire County	..	..	2,260	11,454	1,059
Leicester County	..	..	946	2,036	105
Nottinghamshire County	..	..	8,545	36,599	3,889
West Riding County (Yorks.)	..	..		115	2
Kesteven (Lincs.)	..	..	393	1,548	42
London County	..	..	37	75	5
Worcester City	..	..		25	1
Surrey County	..	..		21	2
Derby Borough	..	..	46	70	4
Plymouth County Borough	..	..		5	1
Lincoln County Borough	..	..		100	2
Rutland County	..	..		106	1
Wiltshire County	..	..		8	1
Bournemouth County Borough	..	..		31	1
Oxford County Borough	..	..		60	1
Bath County Borough	..	..		15	1
Somerset County	..	..		4	1
Lindsey County Council	..	..	45	35	5
			<hr/> 12,272 <hr/>	<hr/> 52,307 <hr/>	<hr/> 5,123 <hr/>

The above mileage is charged at the rate of 6d. per mile for journeys made by sitting-case cars and 2/- per mile for journeys by ambulance.

The figures represent—

12,272 miles at 6d.	..	..	£ 306 16 0
52,307 miles at 2/-d.	..	..	£5,230 14 0
			<hr/>

Total income to Nottingham City Ambulance

Service derived from above journeys	..	£5,537 10 0
		<hr/>

The above figures are taken from the accounts as they stand at present: November and December have yet to be finally examined.





APPENDIX B.

SCHEDULE OF PATIENTS AND MILEAGES.

1950 Month	Road Accidents		Other Accidents		Sudden Illness		Fire		Admission		Discharge		Maternity		Mental		Infectious		Inter- hospital		Outpatients		Unclassified		Service	Total	
	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	O.P.	M	P	M	M	O.P. & P.	M
January ..	30	130	159	718	89	338	7	30	557	3,382	690	6,708	114	855	49	782	445	1,376	694	2,247	2,432	8,478	38	322	956	5,304	26,322
February ..	41	167	159	719	73	313			504	2,700	761	6,851	118	802	41	730	300	1,134	558	1,673	2,055	7,172	39	280	863	4,649	23,404
March ..	37	155	156	777	86	316	3	18	564	3,181	793	7,364	139	951	39	781	360	1,125	678	2,250	2,510	8,744	47	249	880	5,412	26,791
April ..	55	223	173	803	85	330	6	19	405	2,577	730	6,900	147	1,007	45	698	327	1,039	653	1,855	2,350	8,158	20	279	832	4,996	24,720
May ..	68	316	207	1,065	91	313	5	24	469	2,858	930	8,707	141	1,047	41	593	384	1,282	560	1,795	2,637	9,242	25	532	1,012	5,558	28,786
June ..	63	297	258	1,309	90	385	1	2	422	2,813	812	7,232	134	962	63	959	295	1,222	411	1,841	3,095	10,297	33	331	1,235	5,677	28,885
July ..	62	251	240	1,230	75	290			381	2,364	765	8,270	145	1,100	43	633	377	1,353	496	1,865	2,737	9,621	47	285	1,136	5,368	28,398
August ..	40	196	226	1,171	86	360			372	2,387	671	7,708	145	1,092	50	633	250	1,112	471	1,830	2,328	8,556	30	202	751	4,669	25,998
September	60	247	189	860	106	407	4	4	369	2,292	737	7,843	158	1,183	21	267	363	1,285	431	1,904	2,545	9,407	20	467	874	5,003	27,040
October ..	58	250	193	893	102	373			456	2,887	768	7,094	159	1,291	24	303	396	1,449	560	2,198	2,648	9,365	18	202	908	5,382	27,213
November ..	55	242	180	885	87	320	1	10	437	2,542	842	7,472	135	964	25	396	394	1,338	554	2,196	2,815	10,229	24	197	778	5,549	27,569
December ..	37	166	201	894	111	473	6	18	464	2,938	734	6,951	150	1,113	35	419	374	1,456	476	1,413	2,663	9,372	40	526	806	5,291	26 545
TOTALS ..	606	2,640	2,341	11,324	1,081	4,218	33	125	5,400	32,921	9,233	89,100	1,685	12,367	476	7,194	4,265	15,171	6,542	23,067	30,815	108,641	381	3,872	11,031	62,858	321,671

P. = Patients.                      O.P. = Outpatients.                      M. = Miles.



## APPENDIX C.

## PATIENTS AND MILES BY EACH TYPE OF VEHICLE.

Month	Ambulances.		Sitting-case Cars.		Central Garage Cars.		Total.	
	Pats.	Miles.	Pats.	Miles.	Pats.	Miles.	Pats.	Miles.
1950								
Jan. ..	4,369	21,363	931	4,907	4	52	5,304	26,322
Feb. ..	3,948	19,924	692	3,370	9	110	4,649	23,404
Mar.	4,572	22,074	838	4,698	2	19	5,412	26,791
April ..	4,160	19,931	829	4,710	7	79	4,996	24,720
May ..	4,594	22,947	962	5,822	2	17	5,558	28,786
June ..	4,581	22,661	1,092	6,179	4	45	5,677	28,885
July ..	4,491	22,892	875	5,464	2	42	5,368	28,398
Aug. ..	3,800	20,399	869	5,599	—	—	4,669	25,998
Sept. ..	4,161	21,787	825	5,186	17	67	5,003	27,040
Oct. ..	4,446	22,306	921	4,825	15	82	5,382	27,213
Nov. ..	4,501	21,802	1,044	5,730	4	37	5,549	27,569
Dec. ..	4,374	21,718	908	4,754	9	73	5,291	26,545
	51,997	259,804	10,786	61,244	75	623	62,858	321,671

Ambulances .. ..	51,997	259,804
Sitting-case Cars .. ..	10,786	61,246
Central Garage Cars ..	75	623
TOTALS .. ..	62,858	321,671

## EMERGENCY PATIENTS.

Emergency Patients conveyed during 1950.

January .. ..	285
February .. ..	273
March .. ..	282
April .. ..	319
May .. ..	371
June .. ..	412
July .. ..	377
August .. ..	352
September .. ..	359
October .. ..	353
November .. ..	323
December .. ..	355
	4,061





# TUBERCULOSIS



## TUBERCULOSIS

### REPORT OF THE SENIOR CHEST PHYSICIAN.

During the latter part of 1949 the Government sponsored organisation known as Remploy Ltd. investigated the possibility of setting up a special factory in the City of Nottingham. These factories—known generally as Remploy Factories—provide sheltered employment for disabled persons. Many persons who are recovering from tuberculosis of the lungs are suitable entrants ; all must be examined and recommended by the Chest Physician.

In order to assess the number of potential employees an extensive survey was made of the dossiers of all persons—aged 16 and upwards—whose names were included in the clinic register as suffering from respiratory tuberculosis. Considerable time and thought was given to the survey, both in relation to their suitability for employment and the readiness of the individual to undertake such employment. Below are given the provisions embraced by Remploy together with the results of the survey :—

#### PROVISIONS.

The types of work carried out would be such as could reasonably be undertaken by the employees who would be available. The work would be adapted to suit the type of person employed.

Hours of work—44 hours per week, but this figure could be reduced to say a minimum of 12 hours per week on the advice of the medical officer concerned.

Rates of pay—70% of the trade rate or 1/9d. per hour, whichever is the higher upon entry into the factory, increasing by steps to 100% depending on productivity.

Special conditions of work, including double or treble the normal changes of air which would be required under ordinary industrial conditions.

Full canteen facilities and ready accessibility of the factory by ordinary public transport.

## RESULTS OF THE SURVEY.

RESPIRATORY TUBERCULOSIS						
	Total No. on Register.		Requiring sheltered work.		Willing to work in Remploy Factory.	
	Men.	Women.	Men.	Women.	Men.	Women.
Sputum Positive . .	498	346	102	28	49	18
Sputum Negative . .	538	633	50	34	17	10
Totals . .	1,036	979	152	62	66	28

The 94 “willing” patients were all resident within the City of Nottingham. Upon the assumption that a similar number of willing patients would derive from the Nottingham environs portion of Nottinghamshire it would have appeared reasonable to erect a factory of the intermediate size able to accommodate 200 persons.

The project may be delayed by reason of the international situation but it is hoped that it will not actually be halted.

**BACILLE-CALMETTE-GUERIN. VACCINATION.**

Arrangements for B.C.G. vaccination of familial contacts were first put into operation. The initial tuberculin testing, X-ray examination and the actual vaccination with subsequent follow-up are all carried out at Forest Dene Chest Centre. Considerable difficulty is encountered by reason of the recommendation of the Ministry of Health that the vaccinated children should be segregated, but every endeavour is being made to overcome this difficulty. Though now rapidly increasing the number of B.C.G. vaccinations performed in cases of familial contacts resident within the Nottingham City boundary is as yet too small for inclusion in the Annual Report for this year.

## DETAILS FROM THE TUBERCULOSIS REGISTER.

	PULMONARY.			NON-PULMONARY.			Total.
	Males.	Females.	Child- ren.	Males.	Females.	Child- ren.	
Cases on Register at 1st January, 1950 ..	1,146	1,340	360	79	132	116	3,173
Transfers from other areas .. ..	22	8	4	—	—	1	35
“ Lost ” cases returned	2	2	—	—	—	—	4
	1,170	1,350	364	79	132	117	3,212
<b>NEW CASES</b>	229	188	84	5	5	6	517
	1,399	1,538	448	84	137	123	3,729
Cases written off ..	174	157	16	9	6	7	369
No. of cases on Register at 31st December, 1950 .. ..	1,225	1,381	432	75	131	116	3,360

## DETAILS OF CASES WRITTEN OFF :—

Recovered	..	..	..	..	106
Deaths ..	..	..	..	..	156
Transferred to other areas or lost sight of	..	..	..	..	107

## DEATHS :—

Total No. ..	..	..	..	..	156
Rates :—		Pulmonary.	All Forms		
1950 ..	..	0.47	0.49	per 1,000 population	
Average for past 10 years ..	..	0.67	0.78	do.	

## EXAMINATION OF CONTACTS :—

No. of contacts examined ..	..	858
do. found to be tuberculous	..	29

## WORK OF THE TUBERCULOSIS HEALTH VISITORS :—

No. of visits paid to patients' homes ..	..	10,748
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## WORK OF THE STAFF CARE CONFERENCE — CHEST CENTRE.

Tuberculosis is a disease which is typically chronic in the majority of cases, and therefore needs care over a long period of time. It is a condition which naturally leads to considerable absences from work, and causes a strain on the economy of the family.

The Staff Care Conference, which meets weekly at the Chest Centre, was formed to deal with this very problem. The Conference consists of the Senior Chest Physician, the Senior Tuberculosis Health Visitor, and the Tuberculosis Almoner. Between them they see all aspects of any case of tuberculosis referred to them, and are therefore in an advantageous position to decide the best way in which the family can be helped over a long period of illness.

Corporation funds are placed at the disposal of this Conference, and they have in addition a small private fund which has accumulated over many years from voluntary sources, and which can be used for any unusual cases for which Corporation Funds would not be appropriate.

The cases which are referred to the Conference are those which when assessed on the Health Department Scale, are found to be in particular need from the financial point of view.

Owing to the fact that circumstances can change quite quickly, any case which is helped by the Conference is reviewed at three monthly intervals.

The aims of the help given by this means are varied. It may be necessary for instance, from a clinical point of view, that extra nourishment be given.

On the other hand it may be necessary to attempt to prevent spread of infection in a home, and the provision of beds and bedding may make all the difference between the possibility of isolation at home, or the patient being left free to spread his infection amongst other members of the family.

In many cases domestic help, or assistance in the provision of laundry facilities will make conditions at home more tolerable.

During the year, 541 families have been discussed by the Conference and the following table gives a summary of the type of help which has been given, and the number of instances in which it was necessary to take action :—

Provision of milk at reduced price (2d. per pint)	..	156
Assistance with provision of bedding	.. ..	94
Supply of bed and mattress on loan for immediate adjustment of sleeping arrangements	.. ..	47
Domestic Help (through Health Department or otherwise)		99
Provision of clothing	.. ..	11
Payment of fares to visit relatives in sanatorium	..	3
Laundry grants	.. ..	4
Cost of occupational therapy materials and lessons	..	2
Removal expenses to a council house	.. ..	1
Cost of installing Rediffusion extension	.. ..	1
Installation of power point and main switch point	..	1
Fares to take children to relatives	.. ..	1
Extra nourishment grant	.. ..	1

**CARE AND AFTER-CARE, SECTION 28,  
NATIONAL HEALTH SERVICE ACT**

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## CARE AND AFTER-CARE, SECTION 28, NATIONAL HEALTH SERVICE ACT

### ALMONERS' REPORT.

The two almoners of the Health Department divide the medico-social work in such a way that one of them takes over Tuberculosis Care and After-Care and the other Venereal Disease Care and After-care.

The work outside these spheres is undertaken jointly by the two of them.

#### **The Work of the Tuberculosis Almoner.**

The almoner responsible for this work is centred on the Chest Centre at Forest Dene. Her chief duty is to interview each new patient who has been diagnosed as tuberculous, in an attempt to obviate the difficulties and disruption in family life which so often follows an illness of this nature and duration.

Patients who are wage earners are referred to the National Assistance Board for statutory treatment allowances. If special needs become apparent the case is referred to the Staff Care Conference for help, which is given from Corporation Funds or from a special fund which has accumulated over many years from voluntary sources.

A certain number of patients, who progress to such a stage that convalescence can be arranged for them, have been dealt with either through the Health Department Scheme—fourteen such cases were dealt with—or through arrangements made by the Regional Hospital Board.



One of the greatest problems of tuberculous patients is that of finding suitable home helps, many of whom are reluctant to take up this work for fear of infection. However, 68 cases were referred to the Home Help Section and many were satisfactorily dealt with.

The almoner pays a fortnightly visit to Newstead Sanatorium; this helps considerably in maintaining contact with patients admitted for treatment and whose home difficulties still need to be resolved. The removal of anxiety undoubtedly plays a considerable part in the recovery of the patient.

There is considerable need for occupational therapy amongst the tuberculous, and the only facilities available are through the British Red Cross Society, to whom several cases have been referred. Unfortunately, only a small percentage are able to receive help in this way.

The rehabilitation of patients is a very important factor in their ultimate return to full employment and the almoner has been able to deal with fourteen patients through the Ministry of Labour Industrial Rehabilitation Units. It is found that this kind of activity is increasing and is particularly valuable to young men in their teens, who may have had two or three years off work at the beginning of a training or apprenticeship.

Many other patients have been referred to the Employment Exchange, in order to obtain work suited to their disability.

### **The Work of the Venereal Diseases Almoner.**

The almoner responsible for this work makes her headquarters at the Amberley House Venereal Diseases Clinic.

This work is fortunately showing signs of diminishing. Each new patient attending the clinic is seen by the almoner and during the course of the year, 1,389 women and girls, and boys

under fifteen, have received her attention. An important part of this work is that of encouraging the patients to attend until a final diagnosis has been made or treatment completed.

Many of the cases attending are non-venereal, but until each case is satisfactorily disposed of, all must be regarded as potential sources of infection.

The work of the almoner is not made casier by the fact that modern therapy very rapidly clears up symptoms, thus giving patients a false sense of security and tempting them to cease observation and treatment before they are finally declared cured.

The almoner is responsible for obtaining regular attendances of women and children, for tracing possible contacts of the patients and ensuring that all attend for either diagnosis or treatment. The success of this work can be gauged by the fact that 85% of females suffering from syphilis or gonorrhoea had contacts who were induced to attend for treatment. Wherever possible, the infected person herself is instructed to obtain the attendance of the contact, but where this fails the almoner has to take action directly.

Special attention is paid to pregnant women suffering from venereal disease; their attendance is checked each week and they are written to or visited immediately if they default in attendance.

Attention is also paid to other patients who default in attendance after having begun their treatment. This applied to 134 patients during the year and the almoner paid 473 visits for this purpose to the patients' homes.

These visits were successful in 89% of the cases in producing further attendance at the clinic.

The difficulties experienced in ensuring completion of treatment are shown in the following table, which indicates the time consumed before the 134 defaulters were induced to attend at the clinic again.

No. of persons visited once	..	..	49
" " " " twice	..	..	23
" " " " 3 times	..	..	16
" " " " 4 times	..	..	12
" " " " 5 "	..	..	14
" " " " 6 "	..	..	4
" " " " 7 "	..	..	4
" " " " 8 "	..	..	2
" " " " 9 "	..	..	1
" " " " 10 "	..	..	3
" " " " 11 "	..	..	2
" " " " 14 "	..	..	2
" " " " 19 "	..	..	1
" " " " 36 "	..	..	1
TOTAL			134
TOTAL VISITS			473

Visits for other purposes in connection with venereal disease brought the almoner's visits up to 570 during the year and full justification for the work of the almoner can be seen from the fact that of all patients attending the clinic during 1950, only 4% ceased to attend before being officially discharged by the physician.

This is the lowest percentage for a number of years.

### **General Medico-Social Work.**

There has been a steady increase in new work under this heading in the care of persons being nursed at home, and 303 visits have been made by the almoners to the homes of such persons.

Hospital almoners referred 26 patients direct to the Health Department almoners for care and after-care on discharge from hospital. There is undoubtedly a big scope for increase in this



type of work and it is expected that the care of patients after discharge from hospital will assume important proportions in the future.

The almoners have been responsible for the quarterly collection of payments made by patients who have home nursing equipment on loan from the Health Department and this has entailed the supervision of 105 cases during the year.

Housebound patients have been helped in numerous ways in co-operation with voluntary associations, e.g. "Meals on Wheels" Service, food parcels and occupational therapy from the Red Cross Society and extra nourishment grants from the National Society for Cancer Relief.

Several patients have been assisted to obtain extra financial help and bedding from the National Assistance Board and arrangements have been made in twelve cases to relieve the home circumstances through the Home Help Service.

In exceptional cases arrangements have been made to help relatives to see patients who are seriously ill in hospital, either by financial grant through the Health Department or by making private arrangements.

In the course of routine work the almoners are able to become familiar with the circumstances of many families over a period of years and to help them in many small ways, either through statutory or voluntary agencies.

In order to relieve the difficulties of home life, which are often present when there is chronic illness in the home, close liaison with voluntary agencies is considered extremely important.

The problems of the unmarried mother and destitute persons have created a good deal of work, carried out in close co-operation with the Southwell Diocesan Moral Welfare Workers, the City



and County Probation Officers and with almoners of the Hospitals and other Local Health Authorities. This important work amongst unmarried mothers can make all the difference between destitution and a relatively happy environment for both mother and child.

The almoners were able to help the training in the practical aspect of their work, of five social science students from the Universities of Nottingham and Manchester.

### **CONVALESCENCE.**

Applications for convalescence are dealt with by the almoners and 119 cases were referred to them during the year. This is a considerable increase on previous experience.

Each case had to be thoroughly investigated as to suitability for convalescence and the best type of home for the particular case. After investigation it was found that 91 of the original applications were suitable and the almoners made arrangements through various organisations, for their acceptance to convalescent homes.

The type of case for which the Health Department accepts financial responsibility differs considerably from cases accepted by other bodies. Normally, Health Department cases have had treatment in hospital which has caused their fundamental disability to be resolved and are therefore sent away for a recuperative holiday to enable them quickly to take their place in normal life again. Cases dealt with by other organisations may still be in need of medical or nursing attention during convalescence.

It will be seen therefore that the almoners have had work to do in connection with all types of convalescence after many types of illness.

Although many cases were suitable for acceptance by the Health Department it was possible for them to be sent under present arrangements to Regional Hospital Board Convalescent Homes, and in these cases no financial responsibility rested with the Health Department or with the patients.

The following table gives an analysis of cases assisted by the almoner :—

	All Cases.	Health Dept. Cases.
Post Operative Cases .. .. .	18	11
Post Infectious Cases .. .. .	16	8
Following Treatment for General Medical Conditions .. .. .	40	6
Post Natal Complications .. .. .	3	—
Following Tuberculous Infection .. .. .	14	7
	—	—
	91	32
	—	—

The almoners were responsible for actually finding accommodation for those patients who had been accepted as suitable, and ninety-one cases were admitted to the following homes :—

	All Cases.	Health Dept. Cases.
Carey and Seely Houses, Skegness .. .. .	46	—
Claremont House, Matlock .. .. .	11	11
Merlyn Home, Eastbourne .. .. .	6	1
Evelyn Devonshire Home, Buxton .. .. .	5	3
Nottingham & Notts. Cripples Home, Mablethorpe .. .. .	3	—
Stubben Edge Hall, Ashover .. .. .	3	2
Hunstanton Home .. .. .	2	1
Semen Home, Ilkley .. .. .	2	2
West Hill, Southport .. .. .	6	5
St. Joseph's Convent, Freshfield .. .. .	2	2
Red Cross Home, Uttoxeter ... .. .	1	1
Children's Home, Beaconsfield .. .. .	1	1
Convent of Our Lady of Lourdes, Grange-over- Sands .. .. .	1	1
Maybury Hill, Woking .. .. .	1	1
Maitland House, Frinton .. .. .	1	1
	—	—
	91	32
	—	—

The cost of convalescence was borne by various authorities or individuals as follows :—

Regional Hospital Board .. ..	51
Health Department .. ..	32
Voluntary Societies .. ..	6
Patients .. ..	2
	<hr/>
	91
	<hr/>

The following table shows the sources from which recommendations were made :—

	All Cases.	Health Dept. Cases.
General Practitioners .. ..	53	7
Regional Hospital Board Medical Officers	24	18
Chest Clinic Medical Officers .. ..	14	7
	<hr/>	<hr/>
	91	32
	<hr/>	<hr/>

There is a serious shortage of suitable seaside homes in this area and for this reason a considerable number of cases were sent to the Regional Hospital Board Homes at Skegness. There is no maintenance charge at these homes, therefore the proportion of cases accepted by the Health Department is less than one might anticipate if other suitable homes were available.

### Health Department Cases.

Of the 32 cases approved and the maintenance paid for by the Health Committee, it was found necessary in seven instances to pay travelling expenses to and from the Convalescent Home, in addition to the maintenance fee.

There was considerable range in the age of the patients accepted, the youngest being two years of age, and the oldest eighty years.



The length of the convalescence varied from two weeks to twelve weeks, but on the average the length of stay was approximately three weeks.

Under the Health Department Scheme it was necessary to claim on the patient for the cost of convalescence, and for this reason each case was assessed on family income, after taking into account the various allowances detailed in the scale accepted by the Health Committee for all services for which a charge must statutorily be made.

In twenty-five of the cases the assessment was nil, so that the Health Department bore the entire cost of convalescence. In the remaining seven cases the patients or parents of the children contributed a small amount towards the cost of convalescence.

### **LOAN OF NURSING EQUIPMENT.**

The issue of nursing equipment is carried out through three different sources within the Health Department. The smaller items of personal nursing equipment are issued by the Nottingham District Nursing Association, and the larger items of equipment direct from the Health Department.

A separate store of equipment of all kinds is centred on the Chest Centre, at Forest Dene, and is issued exclusively to tuberculous patients.

There has been an extraordinary increase in the number of items of equipment issued during 1950, as compared with previous years, except in the case of the Chest Centre where the demand appears to have settled down to an issue of approximately one hundred items per year.

With regard to those items issued by the Nursing Association and the Health Department, there is as yet, no sign that the full need is being met and there is a great possibility that further equipment will be needed to satisfy the needs.



All three sources of equipment are controlled centrally from the Health Department and it has been necessary to open a central store in part of the old Turkish Baths on Wollaton Street for the storage of large items of equipment for direct issue, and for reserves of smaller equipment issued to the Nursing Association and Chest Centre.

The following tables give a summary of the items of equipment issued during the year :—

Small items of personal Nursing Equipment issued  
by the Nottingham District Nursing Association 612

Bed pans	..	..	..	..	183
Air Rings	..	..	..	..	166
Mackintosh sheets	..	..	..	..	146
Back rests	..	..	..	..	43
Urinals	..	..	..	..	37
Rubber bed pans	..	..	..	..	14
Feeding cups	..	..	..	..	9
Body cradles	..	..	..	..	8
Crutches	..	..	..	..	6

Items of Equipment of all kinds issued by the Chest  
Centre, "Forest Dene" .. .. 102

Bedsteads	..	..	..	..	31
Mattresses	..	..	..	..	29
Bed pans	..	..	..	..	13
Air rings	..	..	..	..	13
Bed rests	..	..	..	..	10
Mackintosh Sheets	..	..	..	..	4
Commode chairs	..	..	..	..	2

Larger Items of Equipment issued from the Health  
Department .. .. 105

Invalid chairs	..	..	..	..	54
Commode Chairs	..	..	..	..	15
Air beds	..	..	..	..	10
Mattresses	..	..	..	..	10
Bedsteads	..	..	..	..	8
Bed Tables	..	..	..	..	4
Spinal Carriages	..	..	..	..	4

There is no charge made for small items of equipment issued from the District Nursing Association and which are used by patients attended by District Nurses. Neither is there any charge made for any type of equipment issued from the Chest Centre.

For the larger items of equipment however, issued direct from the central Health Department store, a quarterly charge is made, based on  $2\frac{1}{2}\%$  of the cost price of the article, on the assumption that the life of each article is ten years.

For those patients who express difficulty in meeting this charge, an assessment of their means is made on the approved Health Department Scale, and it was found that of the 105 items issued, no charge could be made in twenty cases (19%). The remainder of the items were paid for on the full quarterly charge.

## ULTRA VIOLET RAY CLINIC.

The Corporation in its proposals under Section 28 of the National Health Service Act, has retained responsibility for the Ultra Violet Ray Clinic which functions in premises in Heathcoat Street.

Cases are dealt with at this Clinic only if referred there by a Medical Practitioner, and treatment is administered strictly under medical supervision.

Every case on admission to the clinic is seen by the Medical Officer in charge of the clinical work, and the treatment is continued under his guidance.

The type of case which is referred to the clinic shows great variety, but no case is accepted by the Medical Officer unless it is thought by him that it would benefit by Ultra Violet Ray therapy.

The treatment given is free to all residents in the City of Nottingham, but for the few cases referred to the clinic, who reside outside the City Boundaries, a charge of four shillings per treatment is made.

A summary of the work carried out during the year is given in the following tables :—

### Analysis of Cases.

No. of cases remaining under treatment from 1949	320
New Cases during 1950 .. .. .	342
	<hr/>
Total number of cases treated in 1950 .. .. .	662
	<hr/>
City Patients .. .. .	647
County Patients .. .. .	15
	<hr/>
	662

Number of Adult (Male) Patients	..	..	140
„ „ „ (Female) Patients	..	..	215
„ „ Patients 5 — 15 years	..	..	46
„ „ Patients 0 — 5 years	..	..	193
(from infant welfare centres)			
„ „ Patients 0 — 5 years	..	..	68
(from private doctors)			
			<hr/> 662

No. of Cases discharged or ceased to attend .. 427

No. of Cases still under treatment at end of 1950 235

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662

#### Analysis of Treatment.

Clinical Cures	..	..	..	422
Great Improvement	..	..	..	187
Moderate Improvement	..	..	..	39
No Improvement	..	..	..	1
Ceased to attend	..	..	..	13

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662

#### Number of Treatments.

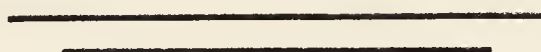
Total Number of Treatments given .. .. 11,197

Average Number of Treatments per patient .. 16.19

Although the number of cases for which treatment is being given shows a slight increase over the previous year, the total number of treatments given to each patient has diminished.



# HOME HELP SERVICE



## HOME HELP SERVICE

### **Administration.**

The past year has been difficult for this Service chiefly due to the reorganisation of the section and the introduction of new staff.

Two innovations of interest and importance to the growth of the Service have been the issue of uniforms and badges. Uniform—a semi-fitting tailored coat and felt hat in maroon—is issued to those full-time helpers who have served a satisfactory period of six months. The badge—a small shield, green on a maroon background—bears the coat of arms of the City and the words “Nottingham Corporation, Health Department, Home Help Service”. The permanent helpers, who more and more regard this work from the social angle, appreciate both uniform and badge as having conferred a status on their work. It is interesting too that those who represent themselves as Home Helps are expected to display the “credentials” of the service. Instances have been reported where people not employed in the Service have represented themselves as helpers—especially for confinement cases—the reports of all these were of unsatisfactory work.

Many unusual difficulties were encountered, chiefly through the different types of cases requiring assistance, an account of which follows.

### **Old People.**

A considerable percentage of those helped were Old Age Pensioners living entirely alone and in some cases confined to bed. Quite a number had been in hospital for a lengthy period and upon returning to their homes it was found necessary for a full-time helper to be employed—there being no relatives available to give the care and attention required. In some cases,

arrangements for discharge from hospital were assisted by the fact that a helper would be attending in the home. It was found in some cases that daily help alone was insufficient, as the recovering patients were unfit to be left alone at night. In other instances there was deterioration rather than recovery ; thus placing a greater responsibility on the individual helper and making a greater claim on the Service to provide the essential amount of help required.

The Home Help Service is filling a great need with old people. Hospital accommodation is not available for many who require it and a capable helper has proved to be in a large number of cases the essential factor making the hospital care unnecessary. In these circumstances they fill a difficult role, combining the duties of an efficient housekeeper with some of those of a home nurse.

Dealing with older persons, some of whom are ill, it is not surprising that disturbing difficulties arise. An increasing number of instances occur where a person had to be left for the night and finding it necessary, for some reason or another to get up, sustains a serious accident or a slight accident having serious consequences. On two occasions, aged persons had attempted to light a fire and had fallen into the fireplace, while on other occasions old people—who had been left comfortably settled the previous night—were found by the helper, on arrival at the house next morning, to have passed away without any person present. This is a very unpleasant experience for anybody and in several instances the helper decided not to continue with the work.

The necessity for night care is pressing and it is hoped in the near future to provide a branch of the Service to deal with this type of case. The need comes from two factors: the impossibility in these busy days of finding relatives or neighbours who are able to remain up for any part of the night or any

number of nights in a week; and the increasing number of old people in the population. This is not a passing problem but one which will continue in complexity. Meantime, there can be no doubt of the increasing urgency.

### **Maternity Cases.**

Applications for help to be provided before or at the time of confinement were received in increasing numbers. During the last quarter of the year these applications were practically doubled as more people seemed to become aware of the advantage in employing a Home Help at that particular period. The usual procedure was for a full-time help to be supplied from 9 a.m. to 5 p.m. daily for the first two weeks and a further one or two weeks part-time if required. In some instances the medical attendant requested further help, particularly in homes where there was a large family and the nursing mother could not take reasonable rest during the first two or three months following the birth of the baby.

### **Tuberculosis and the Handicapped Cases.**

Cases of tuberculosis requiring help showed considerable increase and helpers were extremely difficult to obtain. A carefully worded advertisement in the local paper followed by an interview with the Organiser brought more volunteers to undertake this type of work and slightly eased the situation, although many tuberculous cases are still awaiting help. The pamphlet issued by the National Association for the Prevention of Tuberculosis did much to eradicate the wrong impression in the minds of many people as to the risk of infection which is small if reasonable precautions are taken.

Home Helps were requested to take over the complete household responsibilities and care of the children whilst the mother



was receiving sanatorium treatment over a period lasting six or seven months, as it was not possible to get the children cared for in any of the Children's Homes.

Many applications were received from arthritic, blind and cancer cases and the figures for these were in the main higher than at any other time during the history of the Service. Whilst help for two or three half days only was necessary for some, others required full-time daily help—particularly cancer cases.

### **Insanitary Homes.**

One of the chief difficulties encountered during 1950 was to obtain the type of helper suitable to work in the homes of aged persons living alone who had, through ill health or other reasons, allowed both themselves and their homes to become filthy. Neighbours or relatives notified the Sanitary Inspectors' Section of the circumstances. This in turn led to a home visit and a request for the services of a Home Help. After experience in several of these cases with various women helpers it was found difficult—particularly where an old man was living alone—to obtain satisfactory co-operation. A male Home Help was therefore brought into the Service—a most successful innovation—and he has dealt with several of these cases very satisfactorily. After first removing all rubbish, foul bedding, clothing, etc., cupboards and shelves are cleaned down, ceilings and walls stripped of all hanging and dirty wallpaper and then given a coat of distemper. The furniture is then washed and polished, windows cleaned and the whole place takes on a new appearance, giving the Old Age Pensioner a sense of great satisfaction and a feeling that he or she is not entirely alone. Continued weekly help was then provided to maintain a standard of cleanliness.

It was necessary in several of these cases to apply to the Assistance Board for new bedding, personal clothing, household cleaning utensils, etc., and this was usually provided within a

very few days following the application. If it were possible for more frequent visits to be made by the officers of the National Assistance Board and for such cases as the above to be referred to the Home Help Service at an earlier date, many of these difficulties would not arise. The area officers of the National Assistance Board are willing to co-operate in every instance, though their limited staff prevents more frequent visits being made. In many cases, too, lonely old people will not ask for help, because of the—literally—poverty stricken state of their homes and because they feel that visitors will only criticize rather than help to improve. The section is supplying a much needed service in many of these homes. The Home Help is carefully instructed before going to her case not to criticize, but to help as much as possible and to notify the Organiser of any difficulty or urgent need. By this method many old people are living more comfortably and happily in their own homes than ever before.

### **General Comments.**

A review of the year's work carried out is satisfactory. As is usual in a scheme still developing, considerable adjustment is necessary both on the financial side and the working side. Holidays with pay in proportion to service and the payment of wages during illness were granted during the year, giving further encouragement to the helpers and adding a further stimulus to the recruiting of others amongst neighbours and friends. Helpers obtained in this way usually prove more satisfactory than those obtained by other methods, as they have a better idea of the work they will be called upon to do; the human element involved appeals most strongly to them.

A monthly meeting of helpers is held at the office of the Organiser and discussions take place on the difficulties of certain types of cases; obtaining medical help, clothing, arranging

transport to and from hospital for an aged person attending for treatment, and many other unexpected difficulties which arise in every type of home.

The Home Help who is sent at a moment's notice to care for a family of small children whose mother has been taken to hospital for an urgent operation is often called upon to do the impossible both with rations and clothing. Surprisingly enough, in every case of this kind, the Home Help is able to deal with matters satisfactorily, thereby giving a considerable amount of relief to the sick mother and to the husband who may be away from home from the early morning until late evening.

The number of helpers on the register has continued to rise. Unfortunately, a number of women have to give up this work after a short period, due to home difficulties or inability to get their children under school age into a day nursery; many really valuable Home Helps are lost in this way as the nursery accommodation is limited. A neighbour will occasionally agree to care for the children during working hours, though experience has proved that these arrangements are unsatisfactory.

In reviewing the cases assisted during the year, the actual increase in numbers appears small, due to the very different types of cases helped. In many instances one Home Help has been employed on one case for a lengthy period whereas previously she may have worked on four or five cases in the same length of time.

Cases in which total or partial remission of payment were made have increased considerably, again due to the high proportion of old age pensioners receiving help. Many maternity cases continue to pay the full charge, or a high percentage of the cost.



Tuberculous cases and others have also contributed full or part cost of the payment, although not so many in proportion to maternity cases.

In the collection of monies—entirely undertaken by this self-contained section—a good record of achievement is recorded—the outstanding debts over the six years of Service approximate only to £25; those for 1950 being, at the time of writing, less than £10.

## STATISTICS.

### Home Helps on the Register.

Full time	..	..	..	..	40
Part time	..	..	..	..	180
Casual	..	..	..	..	30
TOTAL					250

### Hours Worked.

Weekly average	..	..	..	..	3,733
Number of hours' attendance on a case per week					3 to 48

### Details of Cases.

			Applications Received.	Number Assisted.
Old Age Pensioners	..	..	400	382
General sickness	..	..	290	276
Maternity cases	..	..	310	189
Convalescence after hospital treatment	..	..	60	50
Tuberculosis	..	..	95	41
Heart	..	..	60	46
Arthritis	..	..	50	50
Blindness	..	..	20	26*
Cancer	..	..	25	16
Children's illness	..	..	2	2
Expectant mothers needing help and rest	..	..	30	40*
Dirty houses	..	..	24	9
TOTAL			1,366	1,127

\* Excess consists of applications brought forward from 1949.

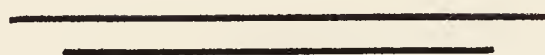


**Cases for which total or partial remission of Payment is made :—**

			Full Remission.	Part Remission.
Old Age Pensioners	..	..	340	
Sickness (including a number of				
Old Age Pensioners)	..	..	40	30
Maternity	..	..	35	29
Tuberculosis	..	..	8	10
Blindness	..	..	10	1
			<hr/>	<hr/>
TOTAL	..	..	433	70
			<hr/>	<hr/>



# MENTAL HEALTH SERVICE



## MENTAL HEALTH SERVICE

As is the case with most new services, the Mental Health Service had to undergo certain growing pains before a satisfactory method of working could be evolved. Most of the troubles were of a minor nature and all had been adjusted by 1949. The year just passed saw the service on a settled basis and work proceeding on an established routine. This has not caused any diminution in interest ; on the contrary it has transferred the emphasis from the method to the content of the work, and whilst the year has not been marked by any major events or changes, a fuller satisfaction has been gained from the work done. That the service has quietly established itself in public esteem is proved by the increasing numbers of people who come freely to ask for help and advice, and from the readiness with which general medical practitioners refer cases.

### MENTAL ILLNESS.

#### Community Care.

The close co-operation with Mapperley Hospital, which has been a prominent feature of this work since the inception of the scheme, has continued as a most happy relationship. The mental health workers have ready access to the hospital, and a not inconsiderable proportion of the after-care is initiated whilst the person concerned is still a patient in the hospital. One cannot speak too highly of this close integration of Hospital and Local Health Authority Services; a factor of the greatest benefit to the individuals concerned and thus to the community as a whole. The readiness with which advice regarding after-care cases can be obtained from the psychiatrist who was responsible for their treatment in hospital, and the ease with which assistance



in outstanding social problems can be obtained for those patients still in the hospital, is of the utmost value. By no means of least value in cases of mental illness is the sense of security given to the sick persons that all their troubles, psychiatric and social, are treated as a complete entity and apparently dealt with by one service instead of being sectionalised and the person concerned bandied from one authority to another at various stages of decline and recovery.

Experience gained over the past  $2\frac{1}{2}$  years shows that there are three main problems which recur unceasingly when attempting the rehabilitation of cases discharged from the mental hospital; housing, marital disharmony and employment.

To deal with the last first, the mental health workers are often successful in easing the way back into the same employment held before the illness, and in dissipating the clouds of suspicion which so often surround one who has been a patient in a mental hospital. Frequently, however, the psychiatrist advises a complete change of occupation for a particular person on returning to community life and, with the friendly co-operation which has been established with the local branches of the Ministry of Labour and National Service, the mental health workers are often able to translate this advice into successful achievement.

A major problem is presented by chronic cases whose stay in hospital has been of long duration, but which become sufficiently stabilised for discharge into the community. In many of these cases the efforts of the Employment Exchange are unavailing, and they are best dealt with through the personal contacts that the mental health workers have established with various employers. During the year 55 persons have been placed in employment directly as a result of such contacts; these might otherwise have failed entirely to settle in gainful employment.

Many unhappy marriage situations have been happily resolved by the joint efforts of psychiatrist and mental health worker and as the service develops it becomes increasingly obvious that there is here a very fine field of work. This is also exemplified by the increasing activity of the Marriage Guidance Council, now established in permanent accommodation at 45, Castle Gate, Nottingham.

The present housing shortage creates problems for the Mental Health Service, as it does also to every other social agency, and indeed to the community at large. Particularly in the case of women, the psychiatrist advises that the probable cause of nervous breakdown is living with incompatible relatives, and requests the assistance of mental health workers in finding alternative accommodation. A certain degree of success has been achieved in finding more suitable accommodation for some cases, but this particular aspect of the work presents a problem which is practically insoluble until the general housing situation improves.

In addition to those cases where some specific action is required as outlined above, a great deal of the time and energy is expended in giving support to those cases who only obtain a precarious foothold in the community, and who are always in danger of relapse and return to the mental hospital. A number of cases are maintained permanently in the community, or the periods between their admissions to hospital greatly prolonged, by means of frequent sympathetic visits from the mental health workers. There are several cases of people who, after a period, gradually feel unable to face the world, particularly their work-mates, and who tend to retreat from responsibility into the safety of the mental hospital. Close co-operation has been established with the relatives in these cases, who notify the department when signs develop, and an immediate visit is paid—frequently with the happy result that the persons are inspired to shoulder their responsibilities again.

In dealing with the improved but not fully recovered person, the visitors undertake a wide variety of tasks in their endeavour to maintain these people in the community. Their needs are brought to the notice of the National Assistance Board, the Ministry of National Insurance, and any other social agency from which specific assistance can be obtained. Such people are accompanied to the Employment Exchange, sometimes to interview prospective employers, and frequent visits are paid to the home to encourage the continuance of sympathetic support by the relatives.

In many after-care cases no specific action is required, but the regular visit from an informed and sympathetic social worker proves to be of the greatest assistance in helping the persons to re-establish themselves. To patients discharged from hospital to the care of relatives who lack understanding, or to patients who fear to confide in those nearest to them, the visit of the worker provides a channel into which they can discharge their emotional tension. Such unburdening may relieve stress which was mounting to the point of further breakdown. This "safety-valve" function, whilst not spectacular in its results, and indeed often passing unnoticed, is probably more important in the long view than any other single piece of work performed by the mental health workers.

### **Admissions to Hospital.**

The number of cases reported of persons stated to need admission to the Mental Hospital showed a slight rise in the year, 586 such cases being reported during 1950 as against 540 in the previous year. The reason for this rise in the number of cases reported is difficult to understand, unless it can be taken as an indication of the growing awareness of the ability of the Mental Health Service to deal with difficult social problems; on investigation there proved to be a higher percentage of cases where no



action was desirable or necessary. The number of actual admissions to hospital therefore shows a reduction on the previous year, 356 being admitted through the department, as against 389 in 1949. Of the cases reported 96 were referred for community care, an increase of 30 over the previous year, and 134—an increase of 44 over the previous year—were not accepted as needing psychiatric care in any form.

### **The Aged.**

Experience over the past two years has shown that there is a general inadequacy in the provision of care for the aged and this has provided a peculiarly difficult problem for the Mental Health Service. There is a perhaps not unnatural tendency to regard persons of advanced age who show signs of eccentricity as having become senile, and it is an easy step from there to decide that they should be reported as needing admission to a mental hospital. There seems little doubt that this decision is the more easily reached because of the lack of facilities for dealing in any other way with aged people no longer able to care adequately for themselves, bereft of kin, or having relatives unable or unwilling to provide the necessary care. So great had this problem become within a few months of the establishment of the Mental Health Service in its present form that special methods had to be devised of dealing with all cases reported of people over the age of 65 years. The practice is for all such cases to be visited in their own home by the physician-superintendent of the mental hospital, in company with one of the mental health workers. During 1950, approximately half the people reported over the age of 65 years were found not to need mental hospital care. In this age group 113 were actually admitted out of a total of 217 reported. Of the balance, 43 were referred for community care by the Mental Health Service and 61 were not accepted at all. In many of the 113 cases, admission to hospital was only decided upon because of the lack of night care.



Many aged people suffering from the gradual mental and physical degeneration of old age awaken in the middle hours of the night disorientated as to time and place. Cases are encountered from time to time of aged men who, whilst not markedly senile during the daytime, will awaken in the early hours of the morning and set off towards some place of employment from which they have retired years before; or old ladies who arise and, sometimes in night attire, set off to visit the butcher or the grocer at an unseasonable hour. Such cases have eventually to be admitted to hospital for their own protection from accident, but if there were adequate arrangements for their supervision, they may be able to continue to live in their own homes. The inescapable conclusion is that attempts are made to unload on to the Mental Health Service problems which have proved to be insoluble to other social agencies, and that many of the cases accepted for admission are capable of being dealt with by means other than admission to a mental hospital if suitable arrangements existed.

## LUNACY AND MENTAL TREATMENT ACTS.

**Persons reported to be in need of admission to hospital during 1950.**

			Under 65 years.		Over 65 years.		Totals.
			M	F	M	F	
<i>Reported by :</i>							
Police	..	..	29	40	13	10	92
General Hospitals	..		34	34	8	14	90
Medical Practitioners			51	90	53	60	254
Relatives	..	..	22	27	15	10	74
Others	..	..	9	33	9	25	76
			<hr/>				
TOTAL	..		145	224	98	119	586

		Under 65 years.		Over 65 years.		Totals.
		M	F	M	F	
<i>Disposal :</i>						
Admitted Hospital :						
Under Section 20 . .		33	60	20	20	133
As a Voluntary Patient . .		62	88	35	38	223
		95	148	55	58	356
For Community Care		21	32	18	25	96
Not accepted . .		29	44	25	36	134
TOTAL . .		145	224	98	119	586

## MENTAL DEFICIENCY.

### Shortage of Institutional Accommodation.

The dominating feature of the Mental Deficiency work is the continuing acute shortage of institutional accommodation. Low-grade cot cases are compelled to remain in their own homes, often to the detriment of the other members of the family, and adult delinquent defectives coming before the Court are being sent to prison because no accommodation is available for them in mental deficiency institutions. Defective juvenile delinquents present a problem which is for the present completely insoluble. There are no vacancies for them in Institutions, and the Regional Hospital Board has not provided in this area any emergency accommodation to which they could be admitted as a "place of safety" pending admission to an institution. As such cases are unsuitable for probation and cannot be admitted to approved schools, they are perforce left in the community free to commit further acts of delinquency and to cause a further increase of unnecessary work for the Courts and the police.

Although 23 cases are shown as having been admitted to institutions during the year, this gives a false impression of the work which has been possible, as 12 of those cases were concerned

in an exchange of mental defective and psychotic patients between the Mapperley and Highbury Hospitals, leaving only 11 cases admitted to institutions from their own homes. At the end of the year there was a waiting list of 94 defectives in their own homes awaiting admission to an institution, **of whom 44 can be very properly described as desperately urgent cases.** This latter figure includes many low-grade cot cases who have already been waiting for prolonged periods, and the date of whose admission to an institution cannot yet be foreseen. The bare figures cannot give any idea of the hardship and suffering caused by the continued retention of these cases in their own homes. The mothers of several of these cases have themselves had to seek psychiatric advice and treatment because of the strain imposed upon them. In several other cases complete disaster to the mother has only been averted by the kindness of the physician-superintendent of Mapperley Hospital in admitting defectives—the most pressing cases—for short periods, as voluntary cases under 16 years of age, in order to give the mother a chance to recuperate. Only those in close touch with these cases can realise to the full the burden imposed upon the mothers of low-grade and epileptic children. **There is good reason for saying that the most urgent social problem of the time is the provision of sufficient mental deficiency accommodation.**

### **Community Care.**

The care of defectives in the community continues on the well-established lines of years of past experience. Frequent visits are paid to the homes of both statutory and voluntary supervision cases and the mental health workers give ready assistance to defectives and their parents in the many problems which beset them. Jobs for defectives are sought, and in many cases obtained, by the worker. The unemployable too are put in touch with the National Assistance Board and other social agencies who are able



to give assistance. The shortage of institutional accommodation affects this work, too, as the staff is called upon to give much time to endeavouring to supervise in the community defectives who should properly be immediately admitted to an institution.

### **Training of mental defectives.**

The Rosebery House Occupation Centre continues to do excellent work, but is still over-crowded. Here also the effects of institutional shortage are keenly felt. To afford some relief to the parents, a number of cases which are really quite unsuitable for an occupation-centre have been admitted—efforts are made not to admit any whose presence would be actively detrimental to the interests of the others—but they present a very difficult problem to the Supervisor and her staff, and impede the work of the centre in certain ways; at the same time causing more suitable cases to remain on the waiting list. Careful consideration was given to this matter before such a policy was embarked upon, and there have been many misgivings with regard to it, but the social consequences of the exclusion of such cases from the occupation-centre would be so grave that they have been retained so far; there does not appear to be any satisfactory alternative to allowing them to remain in the occupation centre until institutional vacancies are available for them.

Every effort was made to extend the occupation centre and negotiations were entered into with an adjacent chapel for the use of their Sunday School premises. These negotiations have unfortunately fallen through. However, towards the end of the year the Ministry of Health signified their approval of plans for the conversion of the old Small-pox Hospital into an occupation centre. This centre will be large enough to suffice for the whole needs of the City and it is hoped that in the next report it will be possible to state that the adaptations and alterations are nearing completion.



The physician-superintendent of Aston Hall Institution continues to visit Rosebery House to carry out routine medical inspection of the defectives and the National Association for Mental Health continues regularly to send student supervisors for periods of practical experience.

## MENTAL DEFICIENCY ACTS, 1913/38.

### New Cases reported during 1950 :

	M	F	Total.
<b>Subject to be dealt with :</b>			
<i>Reported by Local Education Authority :</i>			
Section 57 (3) Education Act, 1944 ..	7	7	14
Section 57 (5)           "       "       " ..	6	8	14
Reported by other sources .. ..	7	13	20
<b>Not at present subject to be dealt with :</b>			
Cases for whom the Local Health Authority may subsequently become liable .. ..	13	7	20
	33	35	68

### Disposal of Cases :

Admitted to Institutions (under Order)	—	4	4
Placed under Statutory Supervision ..	18	21	39
Placed under Voluntary Supervision	13	7	20
Died or left the area .. ..	2	3	5
	33	35	68

### Cases ascertained prior to 1950 who became the subject of an Order during the year :

Admitted to Institutions .. ..	6	9	15
Placed under Guardianship .. ..	2	—	2
	41	44	85

**Cases transferred during the year :**

From Guardianship to Institutions ..	4	—	4
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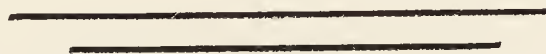
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**Total of ascertained cases :**

In Institutions .. ..	204	227	431
Under Guardianship .. ..	41	33	74
Under Statutory Supervision ..	270	184	454
Under Voluntary Supervision ..	162	119	281
In "Places of Safety" .. ..	20	—	20
	<hr/>	<hr/>	<hr/>
	697	563	1,260
	<hr/>	<hr/>	<hr/>

In addition to the above there are approximately 200 patients in Mapperley Hospital admitted under the Lunacy and Mental Treatment Acts, and who are certifiable mental defectives: they have not been included in the Ministry of Health Annual Return of cases ascertainable as they are unlikely to leave the hospital except on direct transfer to a mental deficiency colony.

NATIONAL ASSISTANCE ACT 1948



## NATIONAL ASSISTANCE ACT 1948

Eight new cases, of whom 7 were women, were referred for investigation under Section 47 of the National Assistance Act, 1948.

Details:	68 — 86 years
No. of cases requiring statutory action ..	Nil.
No. of cases removed to hospital (voluntarily)	5
No. of cases supplied with home help ..	3
No. of new cases still requiring periodic visits ..	2

In addition to the above, 8 cases still remained on the list from 1949 and of these 4 were still in hospital at the end of the year.

2 have died.

2 are receiving periodic visits.

### Position at the end of 1950.

Total No. of cases still in hospital .. ..	9
Total No. of cases still requiring periodic visits ..	4

Details of the eight new cases investigated are given in the following table :—

Case.	Sex	Age	Circumstances of Case.	Action Taken.	Outcome of Case.
N.L.	F.	80	The Health Department was asked to make investigations by the Private Practitioner. The old lady was almost entirely bedridden. She had had a fracture of the hip some years ago. Personal clothing and bed clothes, quite clean. District Nurse calls weekly and domestic help is available. It was found in the course of investigation that this lady was not living alone but that a niece was residing with her, and giving her general care. The circumstances were very much better than the information originally given would have indicated.	There was no necessity for further action to be taken.	The home was clean so that no action as far as cleanliness was necessary, and it was considered that no further visits need be made.



Case.	Sex	Age	Circumstances of Case.	Action Taken.	Outcome of Case.
Mrs. B.	F.	86	Reported by neighbours as being dirty and unable to care for herself. On visiting it was found that the house was tidy but had a dirty and drab appearance. Personal clothing filthy. She slept on a couch with dirty grey blankets as covering. She depended entirely on a neighbour to cook her meals. Her right arm was of little use to her, having been injured by a fall 3 years previously.	A home help was sent for a week or two, but the old lady's health deteriorated and she agreed to go into hospital.	Her own doctor was consulted and he agreed to recommend her for hospital. She was admitted to the City Hospital South on the 20th April, and was still in hospital at the end of the year. A Home Help cleaned up the house and filthy articles and rubbish were disposed of by the Sanitary Inspector.
Mrs. R.	F.	84	Reported by neighbour who was anxious for her safety. Almost completely blind and had been a registered blind person for 20 years. Confined to bed. Well cared for by neighbour who cooked, cleaned and did the shopping for her. The neighbour, however, was beginning to feel the strain and did not feel capable of carrying on indefinitely.	Owing to her helpless and lonely state, it was considered advisable to have her removed to hospital, and she was very willing to go.	Still in hospital at the end of the year. As the house was clean there was no need for action in this respect.
E.B.	F.	72	Reported by neighbours. Very alert but had lost interest in her home and her person. The house had a very offensive odour and had not been cleaned or dusted for some considerable time. Her body and clothes were very dirty. There was a half-starved dog in the house. Her pension was supplemented by keeping lodgers. She was most unwilling to be removed from her home, and was granted time to make arrangements with a friend to come and live with her.	During the interval her own doctor was sent for one night as she had become hysterical. She was removed to hospital.	Still in hospital at the end of the year. Her son has cleaned up the house.

Case.	Sex	Age	Circumstances of Case.	Action Taken.	Outcome of Case.
B.A.	F.	69	Reported by sub-tenants. Living in very squalid conditions. Ate and slept in one room. Furniture very sparse. No signs of crockery or cooking utensils, and does not seem to have prepared herself any food or beverage. Addicted to alcohol. Apparently lost her self-respect. She would not allow any of her grown-up children to help her. Negotiations were started to have her removed compulsorily. Whilst negotiations were proceeding, it was learnt that she had collapsed in a public house and had been admitted to hospital for a few days. She then changed her mind and agreed to live with her daughter on discharge from hospital, for a few days, whilst her home was re-decorated.	A home help is being supplied.	The family have now cleaned up the house for her and she has returned to it. Further visiting and supervision is being arranged.
T.C.	M.	74	Reported by District Sanitary Inspector. Living in insanitary conditions. Hair matted, skin unwashed, and clothing soiled. Foot and leg swollen. House in a state of disorder. Obviously in need of care and attention, and unable to look after himself or his home. Own doctor had already taken steps for his admission to hospital.	Nil.	Still in hospital at the end of the year. It is understood that the house has now changed hands and is now in a satisfactory condition. As the old man is in hospital, it is not known yet, what his future plans are.
S.J.D.	F.	85	Reported by sub-tenants. Living in a very old house, which was difficult to keep clean. No water in the house. Bedroom had offensive odour. Dirty clothing and bedding scattered around. Hair and clothing neglected, skin dirty. She cooked, cleaned and did all her own shopping.	It was thought that it was quite possible for this person to improve her conditions, and a home help was sent with this object in mind.	On a subsequent visit it was found that her own doctor had sent her into hospital, suffering from Hemiplegia. She was still in hospital at the end of the year. The home help has now cleaned up the house.

Case.	Sex	Age	Circumstances of Case.	Action Taken.	Outcome of Case.
Mrs. S.	F.	68	Reported by District Sanitary Inspector. She and her husband occupy one room. Upstairs rooms occupied by Mrs. S's sister. There was a general air of untidiness about the room and the house. As a result of a fracture of the leg, Mrs. S. had been in bed for a year, but could now get about a little on crutches. Personal cleanliness, good. Appeared to be quite happy, and her husband was obviously doing his best to keep things going, and looking after his wife to the best of his ability.	Owing to the presence of the husband, and sister of the patient, it was decided that they could manage on their own.	Further visits to be made to watch the development of the case. It may be necessary to supply a home help in due course, and this is being borne in mind.





NURSES ACT 1943—NURSING AGENCIES

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NOTTINGHAM CREMATORIUM

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BIRTH CONTROL

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PUBLIC MORTUARIES

## NURSES ACT 1943—NURSING AGENCIES

There are two nursing agencies in the City licensed annually for the purpose of providing private nurses.

At the end of the year the two agencies had between them thirty-five state registered nurses, sixteen state enrolled assistant nurses, sixteen certified midwives and two other nurses in specified categories.

Both the agencies have been inspected in accordance with the Nurses Act 1943 and the Nursing Agency Regulations 1945, and have been found suitable in all respects.

Annual licences have been granted to both Agencies since 1945.

## NOTTINGHAM CREMATORIUM

The rapid increase in the use of cremation for the disposal of the dead is shown below, where the annual figures are given since the Crematorium at the Southern Cemetery was opened.

Year.	No. of Cremations carried out.
1931—1940	1,882
1941	455
1942	462
1943	597
1944	692
1945	833
1946	1,029
1947	1,261
1948	1,420
1949	2,000
1950	2,402

The Medical Officer of Health and his Deputy continued to act as Medical Referee and Deputy Medical Referee, and in view of the increasing work it was necessary to obtain approval from the Secretary of State for Home Affairs to the appointment of an Assistant Medical Officer of Health as a further Deputy Medical Referee.

A difficulty which arose during 1950 in the authorisation of cremation in cases of violent death was referred to the Home Secretary, who ruled that cremation cannot be carried out if the Coroner's Inquest has not been completed, unless death resulted from an industrial, railway, flying or road accident.

Other major difficulties arose during the year and valuable collaboration with H.M. Coroners of surrounding areas is gratefully acknowledged.

## **BIRTH CONTROL**

A voluntary organisation known as the Nottingham Women's Welfare Centre has carried on this work at premises in Shakespeare Street for many years and the Corporation have had arrangements since 1935 for advice to be given to women referred to the Centre from their clinics. The centre is assisted by the Corporation by way of a grant, in accordance with Ministry of Health Circular 1208, 1931.

The cases referred from the Maternity & Child Welfare Clinics and the Chest Clinic are those where it is considered by the Medical Officers to be detrimental to the health of the woman to undergo further pregnancies.

An average of 17 new cases from all sources attended each week throughout the year ; five sessions being held each month.

The cases referred were as follows :—

M. & C. W. Centres	..	..	161
Chest Centre	..	..	28
			<hr/>
Total ..	..	..	189
			<hr/>

Of the cases referred, 131 actually attended the Centre, indicating that 70% were desirous of accepting the Medical Officer's advice on birth control.

### PUBLIC MORTUARIES

The Leenside Public Mortuary was used on 619 occasions ; the majority of which—599—were in connection with cases under the jurisdiction of H.M. Coroner.

The mortuary is equipped for post-mortem work and 272 examinations were carried out.

There was no necessity to use the Hyson Green Mortuary.



**SANITARY SERVICES**



**HOUSING**



**FOOD INSPECTION**

## SANITARY SERVICES

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### INTRODUCTION TO THE REPORT.

The year 1950 was, in many respects, one of progress in the sanitary services and in food supervision and inspection. The enforcement of notices on an extensive scale relating to housing defects and nuisances resulted in improved living conditions for a large number of City residents.

The housing position generally is admittedly unsatisfactory and there can be no adequate solution to the problems of the totally unfit house and of overcrowding until more new houses are available. Experience during 1950 showed that to make orders with a view to demolishing unfit houses, does not materially alter the position because of the inability of the occupiers to secure alternative accommodation.

In matters other than housing, however, the outlook for the next three or four years is encouraging. There is an increasing interest displayed by the public in the subjects of clean food and clean air. Four Sanitary Inspectors are now devoting the major part of their time to food hygiene and are visiting premises of all types engaged in the food trade.

Meat inspection at the slaughterhouse provides for the examination of **all** carcasses by qualified inspectors and food inspection embraces large scale sampling to detect adulteration or unfitness for human consumption.

Clean air is as important to the public health as clean food and with increased public support, it is hoped that much progress will be made in the next few years. The fuel situation, however, particularly the shortage of coke and other solid, smokeless fuel, has created difficulty for those desirous of using modern smokeless appliances for cooking, space heating and water heating. Nevertheless, it is hoped that the supply position will soon improve.

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## SANITARY CIRCUMSTANCES OF THE CITY.

The following summaries show work carried out in the administration of the various Acts for which the Health Department is responsible.

### Number of Inspections :—

First Visits	..	..	..	20,983
Re-Visits	..	..	..	28,848
				<hr/>
TOTAL	..	..	..	49,831
				<hr/>

### Informal Notices :—

TOTAL NUMBER SERVED	..	..	..	11,153
Outstanding at 1.1.50	..	3,470		
Outstanding at 1.1.51	..	2,625		
		<hr/>		845
TOTAL NUMBER COMPLIED WITH	..	..	..	11,998

**Details of Nuisances, Statutory Contraventions, etc., dealt with by  
Informal Notices.**

					Nuisances etc. found.	Nuisances etc. remedied
Houses—filthy	..	..	..	..	61	113
Houses—verminous	..	..	..	..	3	8
Licensed Premises—cleansing and improve- ment of	..	..	..	..	4	2
Drains—clearance of	..	..	..	..	121	107
Drains—repair of	..	..	..	..	266	234
Panterpits—abolition of	..	..	..	..	3	9
Additional Water-closets—provision of	..	..	..	..	1	2
Water-closets—clearance of	..	..	..	..	157	151
Water-closets—repair of	..	..	..	..	2,143	2,176
Closets—cleansing of	..	..	..	..	2	2
Courts, Yards and Passages—paving of	..	..	..	..	1	—
Courts, Yards and Passages—cleansing of	..	..	..	..	—	3
Courts, Yards and Passages—repair of	..	..	..	..	345	411
Nuisance from pigs	..	..	..	..	7	16
Nuisance from fowls	..	..	..	..	7	10
Nuisance from other animals	..	..	..	..	22	9
Nuisances from Offensive Trades	..	..	..	..	—	2
Nuisances from Food Premises	..	..	..	..	2	9
Nuisances from Accumulations of Refuse	..	..	..	..	93	89
Dustbins—provision of	..	..	..	..	1,457	2,144
Miscellaneous Nuisances	..	..	..	..	321	347
Tents, Vans and Sheds	..	..	..	..	21	18
Houses-let-in-lodgings	..	..	..	..	45	45
Factories (with mechanical power)	..	..	..	..	80	79
Factories (without mechanical power)	..	..	..	..	1	11
Bakehouses	..	..	..	..	7	11
Workplaces	..	..	..	..	4	7
TOTAL					5,174	6,015

**Details of Defects in Houses dealt with by Informal Notices.**

					Defects found.	Defects remedied.
Roofs	..	..	..	..	2,146	2,480
Walls	..	..	..	..	1,974	2,568
Floors and Ceilings	..	..	..	..	1,481	1,749
Windows	..	..	..	..	1,606	1,889
Fireplaces	..	..	..	..	1,297	1,453
Coppers	..	..	..	..	240	291
Sinks provided	..	..	..	..	32	45
Sinks—repair of	..	..	..	..	345	381
Defective water pipes and fittings	..	..	..	..	96	118
Defective rainwater conductors	..	..	..	..	979	1,209
Others	..	..	..	..	840	991
TOTAL					11,036	13,174

**Number of Defective Houses dealt with** .. .. 5,998



**Statutory Notices.****Notices under Public Health Act, 1936.**

		Served.	Complied With.
Section 39	Drainage .. ..	298	326
Section 44	Inadequate Closet Accommodation ..	9	9
Section 45	Closets .. ..	28	32
Section 46	Closets in Workplaces ..	—	1
Section 56	Paving of Courts, Yards and Passages .. ..	223	238
Section 75	Dustbins .. ..	563	566
Section 79	Removal of Noxious Matter	1	2
Section 92 (a)	Houses .. ..	93	93
Section 92 (b)	Others .. ..	20	33
Section 287	Notice of Entry .. ..	21	21

**Notices under Nottingham Corporation Act, 1923.**

Section 73	Repair of water-closets ..	172	162
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**Notices under Nottingham Corporation Act, 1935.**

Section 19	Cleansing and repair of drains, water-closets and soil pipes ..	1,461	1,386
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**Notices under Housing Act, 1936.**

Section 9	.. ..	2,028	2,262
TOTAL	.. ..	4,917	5,131

Consequent upon the failure of owners to comply with statutory notices, the Corporation ordered work on private contractors and recovered expenses incurred in 1,007 cases.

The following summary shows the amount recovered from owners in respect of work done under the appropriate Acts :—

		£	s.	d.
Nottingham Corporation Act, 1923.	Section 73 .. ..	31	7	1
Nottingham Corporation Act, 1935.	Section 19 .. ..	540	14	4
Housing Act, 1936.	Sections 9 and 10 ..	2,357	5	2
Public Health Act, 1936.	Section 56 .. ..	539	14	8
Public Health Act, 1936	Section 39 .. ..	167	12	3
Public Health Act, 1936	Section 44 .. ..	58	10	9
Public Health Act, 1936	Section 45 .. ..	5	8	6
		£3,700	12	9

In addition, the cost of new dustbins supplied by the Corporation in cases where owners or occupiers had failed to comply with notices served and where steps were taken to recover this amount was £576. 14s. 4d.

### ATMOSPHERIC POLLUTION.

The following is a statement summarising the year's smoke abatement work :—

Number of half-hourly observations of chimneys	..	1,464
Number of minutes dense smoke emitted	.. ..	3,332.5
Average minutes of dense smoke per chimney	.. ..	2.265
Number of intimation notices served	.. ..	142
Number of advisory visits (including verbal cautions)	.. ..	382
Number of statutory notices served	.. ..	37
Number of complaints investigated	.. ..	147
Number of cases where work has been executed for smoke abatement	.. ..	50
Estimated cost of works to the owners	.. ..	£46,931
Number of prosecutions	.. ..	1

Systematic observations of industrial chimneys have been continued in the City throughout the year to secure the abatement of smoke nuisances in accordance with the provisions of the Public Health Act, 1936. In 142 cases it was found necessary to serve intimation notices confirming the existence of smoke nuisances, followed in 37 cases by the service of Statutory Notices requiring work to be carried out on defective or deficient plant within a stated period.

In one case, legal action was found to be necessary and the Court made a "Nuisance Order" requiring the defendant to abate the nuisance within three months. The standard of smoke emission in Nottingham is now  $2\frac{1}{2}$  minutes dense smoke in the aggregate during a continuous period of thirty minutes, and any emission in excess of that limit is deemed to be a nuisance. The standard was reduced from a previous limit of three minutes to the present  $2\frac{1}{2}$  minutes on the 25th July, 1950. The monthly

averages of recorded emissions of dense smoke per chimney are given below and it will be observed that the maximum emissions were again recorded in January and February which are normally the coldest months and the figures reflect peak boiler loads and the general use of heating apparatus. The high figure for January was due to observations on a large factory chimney where emissions were fairly continuous. The offending plant has now been corrected.

**Monthly Average Emissions of Dense Smoke per Chimney.**

January	..	3.207	minutes	July	..	2.007	minutes
February	..	2.958	„	August	..	1.422	„
March	..	2.736	„	September	..	1.772	„
April	..	2.928	„	October	..	2.415	„
May	..	2.00	„	November	..	2.066	„
June	..	1.971	„	December	..	1.702	„

It was found that many nuisances again occurred owing to heating plants burning incorrect fuel and the practice of burning bituminous coal in installations designed only for coke or other smokeless fuel is still common.

In fifty-eight cases, bituminous coal burning was replaced by the use of coke after advisory visits had been made to the firms in question.

Many industrial plants in the City continued to operate under difficulty due to inferior or unsuitable fuels, delays in plant replacements and the continual lack of suitable skilled labour for stokehole duties. Sympathetic application of the smoke laws was accordingly made. The labour position could be considerably improved if more advantage were taken of the training facilities available at the Nottingham and District Technical College for boiler-room staff.

The following is a summary of industrial plant improvements and alterations carried out with a view to abating smoke nuisances :—



Chimney stacks erected or extended	..	..	12
Chimney stacks repaired	..	..	6
Chimney stacks dismantled	..	..	11
Boilers converted from hand to mechanical stoking	..		6
Boilers converted from hand to oil or gas firing	..		1
Mechanical stokers overhauled	..	..	15
Mechanical stokers renewed	..	..	9
New boilers installed	..	..	5

In addition to the above, three completely new boiler-houses have been erected during the year with an estimated capacity of 120,000 lbs. of steam per hour and the large new extension to the Wilford Power Station has also gone into commission.

Eleven serious grit nuisances were dealt with during the year. The most serious and widespread was substantially remedied during the year by the completion of the repair of the precipitators and the placing of the dumping areas under water. In another case, cyclone arrestors were installed. A further five were overcome by the introduction of regular flue cleaning and the discontinuance of the practice of burning refuse on the boiler plants. The remainder had either arresting plant on order or in process of installation.

In several cases where unsuitable fuel was being supplied, the matter was referred to the Ministry of Fuel and Power.

During the year a new process in the production of fabric was put into operation in the City which resulted in a fairly widespread nuisance from fumes and exhaustive experiments were necessary finally to overcome the trouble.

Excluding the cost of the three new boiler-houses, it is estimated that a sum of £46,931 has been spent on plant extensions, mechanisation and general improvements. This figure shows good progress in the policy of adopting mechanical



methods of stoking, etc., and will not only show fuel savings, but will result in a cleaner atmosphere so necessary to the public health.

In order to obtain reliable data as to the nature and extent of atmospheric pollution in the City, it was decided during the year to establish six stations, each to be equipped with a deposit gauge for the measurement of deposited matter in the atmosphere and lead peroxide apparatus for the measurement of sulphur dioxide.

Unfortunately, these instruments are in short supply and had not been delivered by the end of the year. It is hoped, however, that it will be possible to set them up early in 1951.

### **WATER SUPPLY.**

The water supply of the City has been satisfactory in quality and quantity. Practically all houses in the City are supplied direct from water mains and it is only in a few houses in remote situations that piped water supplies are not installed.

The City Water Engineer arranges for the frequent sampling (at least monthly) of raw and treated water from all sources. Both bacteriological examinations and chemical analyses are made and the results are communicated to the Medical Officer of Health.

There is close co-operation between the Water Department and the Health Department to safeguard the purity of the municipal water supply and to reduce to a minimum the waste of water.

### **SWIMMING BATH WATERS.**

The Corporation own and control nine swimming baths of which three are open air, and six indoors. Samples of water from each bath were taken at intervals during the year, chiefly during

the summer months, as during the winter season all but two of the baths are closed to swimmers. A total of forty-four samples of bath water was taken and submitted to the Public Analyst for chemical and, if necessary, bacteriological examination. Of this total, the analyst reported twenty-eight samples as being satisfactory, and sixteen as not showing a requisite amount of free chlorine. The Baths Superintendent was informed of all unsatisfactory analyses.

Whilst the Baths Committee's staff make routine tests of the bath waters when the baths are in use, the samples taken by the Health Department are intended as spot checks to ensure that the water sampled contains free chlorine in recognised permissible amounts.

### FACTORIES ACT, 1937.

The following tables refer to work carried out in connection with Parts I and VIII of the Act, and which come within the purview of the Local Authority :—

#### PART I.

##### Inspections for purposes of Provisions as to Health.

Premises	No. on Register	Inspections Made	Written Notices Served	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	334	17	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authorities ..	2,150	500	80	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	—	—	—	—
TOTAL .. ..	2,484	517	81	—

## Details of Defects.

DEFECTS					Prosecutions Instituted
Nature	Found by Sanitary Inspectors	Referred by H.M. Inspectors	Remedied	Referred to H.M. Inspectors	
Want of cleanliness ..	3	—	3	—	—
Overcrowding ..	—	—	—	—	—
Unreasonable temperature ..	—	—	—	—	—
Inadequate ventilation ..	2	—	2	—	—
Ineffective drainage of floors .. ..	2	—	1	—	—
Sanitary Conveniences :					
(a) Insufficient ..	2	—	8	—	—
(b) Unsuitable or defective ..	67	26	70	—	—
(c) Not separate for sexes ..	6	—	2	—	—
Other offences against the Act (not including offences relating to Outwork) .. ..	9	—	10	—	—
TOTAL ..	91	26	96	—	—

## PART VIII.

## Outwork. No. of visits to outworkers' premises 2,240.

Nature of Work	SECTION 110			SECTION 111		
	No. of outworkers August list required by Sec. 110(1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices Served	Prosecutions
Wearing Apparel { Making, etc. Cleaning and Washing...	851	—	—	1*	—	—
Lace, lace curtains and nets ..	924	—	—	3*	—	—
Brass and Brass Articles ..	21	—	—	—	—	—
Paper Bags ..	29	—	—	—	—	—
Cotton, Linen and Mixtures ..	8	—	—	—	—	—
Nets other than wire nets ..	232	—	—	—	—	—
Carding, etc. of Buttons ..	37	—	—	—	—	—
Powder Puffs and Novelties ..	2	—	—	—	—	—
Weaving of Textile Fabrics ..	55	—	—	—	—	—
TOTAL ..	2,159	—	—	4*	—	—

\* Cautions issued.



## WORKPLACES (Including Offices).

During the year action in respect of workplaces where persons were employed was taken in seven cases to remedy contraventions of the Public Health Act, 1936 as follows :—

Unsuitable or defective sanitary accommodation	..	6
Uncleanly conditions	.. .. .	1

SHOPS ACTS, 1912—1938 (to 30th September, 1950).

SHOPS ACT, 1950 (from 1st October, 1950).

The number of inspections made by the Shops Acts Inspectors during the year was :—

First Visits	.. .. .	664
Re-Visits	.. .. .	155
		<hr/>
		819
		<hr/>

## Health and Comfort of Shopworkers.

Details of action under the provisions of the Shops Acts, 1934, are given below :—

	Defects.	Notices Served.	Notices Complied With.
Want of heating	.. .. .	3	4
Want of ventilation	.. .. .	—	3
Want of adequate artificial lighting	.. .. .	2	—
Want of facilities for washing	.. .. .	72	144
Sanitary accommodation—			
Insufficient, unsuitable or defective	.. .. .	33	34
Not separate for sexes	.. .. .	1	1
Walls, floors and ceilings, repair of	.. .. .	93	170
Roofs and rainwater conductors, repair or renewal of		3	6
Drains, cleansing or repair of	.. .. .	3	2
Yards, cleansing or repair of	.. .. .	1	1
Offensive accumulations, removal of	.. .. .	9	14
Dustbins, provision of	.. .. .	5	6
Miscellaneous nuisances	.. .. .	13	26
Absence of forms required under the Shops Acts	.. .. .	70	61

## YOUNG PERSONS EMPLOYMENT ACT, 1938.

The number of inspections made during the year for the purposes of this Act was :—

First Visits	..	..	..	3
Re-visits ..	..	..	..	—
				—
				3
				—

An indication of the times through which we are passing is shown in the fact that there is a marked decrease in the number of young persons, i.e. persons under 18 years of age, employed in shops, and a marked increase in the number of married women who now take up part-time employment in shops.

The factory with its five-day week and Saturday morning off now attracts a large number of young people, who would formerly have sought employment behind the shop counter.

Employment in cafés and restaurants seems to be viewed by young people with the same disfavour as domestic service. In five of the larger establishments in the City, employing a total of 170 assistants, only three of that number are under 18 years of age.

## HOUSES-LET-IN-LODGINGS.

Houses-let-in-lodgings constitute a very serious problem. There are 157 such houses registered under the Bye-laws, but many more may be in existence in the City since there is no obligation on the part of the occupier to register such premises until required to do so by the Local Authority. Consequently many lodging houses are established without the knowledge of the Health Department. Many are unsatisfactory, as the accommodation provided in most cases was intended for use by one family and not, as now obtaining, by numerous families.

The Bye-laws regarding the cleansing and decoration of such premises during the month of April were enforced where necessary.

### **COMMON LODGING HOUSES.**

Two establishments are now in use as common lodging houses, namely the Municipal Hostel (Sneinton House), erected to provide accommodation for male lodgers displaced from unfit lodging houses in clearance areas, and the Salvation Army Hostel in Aberdeen Street. The Municipal Hostel is planned on modern lines and each bed has a private cubicle. The Aberdeen Street Hostel was adapted in a disused factory building where many beds are available in dormitories or in private cubicles. Both houses are well conducted and are in great demand.

### **MEASURES AGAINST RODENT AND INSECT PESTS.**

Trained operatives in pest destruction are employed by the Health Department and their services are available, on request, to occupiers of premises and land within the City. For work in private dwelling-houses, the Corporation provides a free service. Modern methods of baiting, poisoning, gassing and trapping are used in the destruction of rats and mice and contact insecticides (D.D.T.) are used in the disinfestation of verminous houses.

During the year 1,624 surveys of rat infestations and 755 of infestations by mice were carried out. The number of premises treated was 1,184 for the destruction of rats and 1,053 for the destruction of mice.

The City Engineer's Department co-operate with the Health Department by treating the City's sewerage system for the destruction of rats.



Specimens of rats and mice were submitted to the Public Health Laboratory for examination in order to ascertain if they were carriers of organisms responsible for diseases, food poisoning, etc., and the results tabled below show that 8·2% of the rat carcasses examined carried *Salmonella* organisms, emphasising the need for strict control and early reporting of rat infestation.

	Rats	Mice.
Carcasses examined .. .. .	73	35
Carcasses in which no pathogenic organisms were found ..	67	35
Carcasses from which organisms of the <i>Salmonella</i> group isolated .. .. .	6	—

### CANAL BOATS.

The canals and other navigable waters within the City have been visited on twenty-one occasions during the year and fourteen boats were inspected. Visits were made at various times during the hours laid down by the Act, and the Inspector was at all times allowed free access to the cabins of the boats inspected.

The number of women carried on the boats inspected was two and there was one child.

Two notices were issued against owners of boats in connection with three infringements of the Acts and Regulations :—

Failure to produce Registration Certificate .. ..	1
Boats not properly lettered, marked or numbered ..	2

It was not necessary in any case to resort to legal proceedings.

No case of infectious disease on a Canal Boat was reported during the year, nor was it necessary to detain any boat for cleansing or disinfection.

There were no new boats registered during the year.

The total number of boats now in use and registered by this Authority is forty.



## HOUSING



## HOUSING

The following summary is in the form required by the Ministry of Health :—

### Inspection of Dwelling-houses.

(1)	(a)	Total number of dwelling-houses inspected for housing defects (under the Public Health or Housing Acts) ..	11,153
	(b)	Number of inspections made for the purpose ..	17,983
(2)	(a)	Number of dwelling-houses (included under Sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1938 ..	2,048
	(b)	Number of inspections made for the purpose ..	6,548
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	20
(4)		Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation .. .. .	5,998

### Informal Action.

Number of defective dwelling-houses rendered fit in consequence of informal notices by the Local Authority or their Officers .. .. .	4,295
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### Action under Statutory Powers.

#### 1. Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936.

(a)	Number of dwelling-houses in respect of which notices were served requiring repairs .. .. .	2,028
(b)	Number of dwelling-houses in which defects were remedied after service of formal notices :—	
	1. By owners .. .. .	2,020
	2. By Local Authority in default of owners ..	242

#### 2. Proceedings under the Public Health Acts.

(a)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ..	514
(b)	Number of dwelling-houses in which defects were remedied after service of formal notices—	
	1. By Owners .. .. .	509
	2. By Local Authority in default of owners ..	148

**3. Proceedings under Sections 11 and 13 of the Housing Act, 1936.**

(a) Number of dwelling-houses in respect of which demolition orders were made .. .. .	14
(b) Number of dwelling-houses demolished in pursuance of demolition orders .. .. .	5

**4. Proceedings under Section 12 of the Housing Act, 1936.**

(a) Number of separate tenements or underground rooms in respect of which Closing Orders were made ..	2
(b) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .. .. .	—

**Housing Act, 1936—Overcrowding.**

The number of overcrowding cases brought to the notice of the Health Department during the year was sixty, involving 88 families and 454 families (365 units).

The actual position in respect of overcrowding is not reflected by the above figures. They represent only those cases of legal overcrowding which have come to the notice of the Health Department. To ascertain the true position would necessitate a full detailed survey of all houses in the City.

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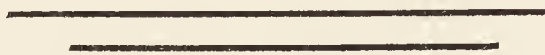
A Compulsory Purchase Order was made by the City Council in March, 1950 in respect of the Sneinton Elements Clearance Area and was confirmed by the Ministry of Health in August, 1950.

The Area contains 105 dwelling-houses and four lock-up shops and the persons occupying the houses total 350.





FOOD SUPERVISION AND  
INSPECTION



# FOOD SUPERVISION AND INSPECTION

## FOOD SAMPLING.

During the year, the following were taken :—

Formal Samples	..	364	Analysed by Public Analyst.
Informal Samples	..	654	do.
Informal Milk Samples		484	Tested by Inspectors.
		<hr/> 1,502	Samples (All foods).

### Formal Samples found not genuine.

### Action taken.

Jam Tarts—containing mineral oil 8%.	Prosecution (Fine £20, Costs, £1 1s. 0d.).
Salmon Paste—deficient in fish content 0.8%.	Cautionary letter to manufacturer.
Non-brewed Vinegar—deficient in acetic acid 0.06%.	Verbal caution by Inspector.
Jam Tarts—containing mineral oil 6%.	Prosecution (Fine £5 Costs £1 8s. 6d.).
Non-brewed Vinegar—deficient in acetic acid 1%.	Cautionary letter to seller.
Potted Meat Paste—deficient in meat 13.2%.	Cautionary letter to manufacturer.
“The Powder” (Meringue Powder)—containing Boric Acid 0.065%.	Manufacturers cautioned and product diverted from use for human consumption.
Cake Flour Mixture (Sweetened)—deficient in sugar 4.8% (16% of the minimum standard).	Referred to the Ministry of Food (Food Standards and Labelling Division).
Pork Sausages—deficient in meat 7.25%.	do.
Christmas Pudding—deficient in fats 8.10%.	Cautionary letter to the manufacturers and referred to the Ministry of Food (Food Standards and Labelling Division).

**Informal Samples found not genuine.**

Potted Meat—containing extraneous dry starchy matter 10·33%.

Dressed Crab—starchy matter 9·76%.

Mince Tarts—containing mineral oil 10%.

Salmon Paste—deficient in fish content 2·7%.

Mince Pies — containing mineral oil 6·20%.

Pork Sausages—deficient in meat content 1·25%.

Potted Beef—meat content 87·2% only.

“ Cherry Whirls ” with real cream—not genuine cream.

Potted Meat Paste—deficient in meat content 14·6%.

Potted Meat Paste—deficient in meat content 11·5%.

Potted meat—meat content 67·20% only.

Glauber Salts—efflorescence to doubled strength of sol. sulph.

Potted Meat—containing extraneous dry starchy matter 7·49%.

Stabiliser Powder—containing ·108% Boric Acid.

Potted Meat—containing extraneous dry starchy matter 11%.

Beef Sausages—deficient in meat content 3%.

Beef Sausages—deficient in meat content 1%.

Sweetened Cake Flour Mixture—deficient in sugar 4·25%.

**Action taken.**

Cautionary letter.

Verbal caution by Inspector.

Followed by formal sample and prosecution.

Followed by formal sample and cautionary letter.

Followed by formal sample and prosecution.

Cautionary letter.

Verbal caution by Inspector.

do.

} Followed by formal sample and cautionary letter to manufacturers

Verbal caution by Inspector.

Verbal caution by Inspector and disposal of faulty stocks arranged.

Referred to Ministry of Food (Meat and Live-stock Division).

Followed by formal sample

Verbal warning by Inspector regarding mis-description.

Followed by formal sample.

Verbal caution by Inspector.

Followed by formal sample.

	Action taken.
Potted Meat—extraneous dry starchy matter 15%.	Verbal caution by Inspector.
Condensed Milk, Full Cream, unsweetened (imported)—low milk solids content.	Referred to Ministry of Food (Milk Products Division).
Christmas Pudding—deficient in oils and fats 3.75%.	Followed by formal sample.
Fruit Mincemeat—deficient in fat 0.46% (imported).	Seller's stocks exhausted. Further sample not available.
Home-made Chutney—without declaration of contents.	Cautionary letter.
Table Cream—misleading title.	Referred to Medical Officer of Health of district where manufactured.
Lactic Sugar—Properties claimed considered extravagant.	Letters to Ministry of Food (Food Standards and Labelling Division).
“ Cream Kake ”—misleading title.	Stocks exhausted — sales ceased.
Mincemeat (imported)—low fat content.	Under investigation and further sampling.
Egg Substitute Powder—low carbon dioxide content.	Old stock—remainder surrendered to Inspector for disposal.
Beef Sausages—deficient in meat content 3.8%.	Followed by formal sample.
Pork Sausages—deficient in meat content 6.3%.	Followed by formal sample.
Tomato Sauce—excess copper to 670 parts per million.	Letters to Local Authority at place of origin, also to seller and manufacturer.

### Contravention of Labelling of Food Order, 1950.

Vegetable Crisp Product.	<div> <div>Declaration of constituents considered incomplete.</div> <div>}</div> </div>	Communications to packers.
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Results of sampling of MILK and ICE CREAM—see pages 160-163.  
 Details of sampling of “ OTHER FOODS ”—see page 169.



**Unsound Food.**

The following quantities of foodstuffs were surrendered on account of unsoundness :—

Artificial Cream	..	..	59 $\frac{3}{4}$ stones
Bacon	..	..	192 $\frac{3}{4}$ „
Bicuits	..	..	5 $\frac{1}{4}$ „
Butter	..	..	6 „
Cheese	..	..	13 $\frac{1}{2}$ „
Confectionery (Sweets, Chocolate, etc.)	..	..	54 $\frac{1}{2}$ „
Cereals	..	..	126 „
Canned Goods	..	..	4,834 „
Cake Flour	..	..	30 $\frac{1}{2}$ „
Cakes	..	..	14 $\frac{1}{4}$ „
Coffee	..	..	1 $\frac{3}{4}$ „
Cooking Oil	..	..	6 „
Cooking Fat	..	..	43 „
Cooked Fish	..	..	3 „
Cooked Meats	..	..	138 „
Coconut	..	..	8 $\frac{1}{2}$ „
Custard Powders	..	..	45 „
Chitterlings	..	..	40 „
Dried Fruits	..	..	19 $\frac{1}{4}$ „
Dried Herbs	..	..	11 $\frac{3}{4}$ „
Dried Vegetables	..	..	10 $\frac{3}{4}$ „
Dried Milk	..	..	3 $\frac{1}{2}$ „
Eggs ..	..	..	74 $\frac{3}{4}$ „
Fish—Wet	..	..	3,706 $\frac{1}{2}$ „
Fish—Dried	..	..	522 „
Fish—Shell	..	..	1,851 $\frac{1}{4}$ „
Flour ..	..	..	33 „
Fruit ..	..	..	47 $\frac{3}{4}$ „
Game ..	..	..	6 „
Ice-Cream	..	..	3 „
Jams etc.	..	..	61 $\frac{1}{2}$ „
Jellies	..	..	6 „
Miscellaneous foods	..	..	214 „
Marzipan	..	..	8 „
Margarine	..	..	11 $\frac{3}{4}$ „
Nuts ..	..	..	20 $\frac{3}{4}$ „
Pastry Mix	..	..	7 „
Puddings	..	..	2 „
Pickles	..	..	14 $\frac{1}{4}$ „
Poultry	..	..	15 $\frac{1}{4}$ „

---

*Carried forward* 12,271 $\frac{3}{4}$  stones

		<i>Brought forward</i>	12,271 $\frac{3}{4}$ stones
Rabbits	..	..	262 $\frac{1}{4}$ „
Salad Cream	..	..	11 „
Sausages	..	..	25 $\frac{1}{4}$ „
Sauces	..	..	6 $\frac{1}{2}$ „
Soup Powders	..	..	1 „
Sugar	..	..	2 $\frac{1}{4}$ „
Tea	..	..	1 „
Vinegar	..	..	5 $\frac{1}{4}$ „
Vegetables	..	..	878 $\frac{1}{4}$ „
			<hr/> 13,464 $\frac{1}{2}$ stones
<b>Meat surrendered (see details, page 158)</b>			
	..	..	88,953 $\frac{1}{4}$ stones
			<hr/>
<b>Grand Total of all foodstuffs</b>			
surrendered	..	..	102,417 $\frac{3}{4}$ stones
			<hr/>
			640 tons approx.

All suitable food surrendered was utilised either by the Nottingham Corporation or the Ministry of Food Salvage Division for animal feeding purposes.

### THE MEAT SUPPLY.

From the tables which follow, it will be observed that **16.5%** of the animals slaughtered in the City during the year were found, on post-mortem examination, to be diseased, necessitating the confiscation by the Meat Inspectors of the whole or parts of the carcasses of the affected animals.

As may be expected, the incidence of disease was greater in cows than in other food animals. The statistics give additional support to the necessity for improving animal health in the country and particularly of dairy and store cattle.

The following slaughter-houses were occupied and used by the Ministry of Food for the slaughter of animals for human consumption :—

The Public Slaughter-house, Cattle Market.

Egerton Street Slaughter-house (Nottingham Co-operative Society Ltd.).

Egerton Street Slaughter-house (J. S. Beardall).

Church Street, Old Basford (The Cinderhill Working Men's Co-operative Society).  
(Opened 18.9.50—Closed 9.12.50).

Meat Inspectors were on duty during the hours of slaughter and all carcasses and offals were inspected.

The local knackery situated in the Nottingham Corporation Eastcroft Depot, London Road, is under constant supervision, but the amount of slaughtering taking place is now very small.

### Meat Inspectors' Visits.

To private slaughter-houses	..	..	818
To other premises	..	..	1,592

### Animals Slaughtered for Food :—

Bulls	..	..	..	594
Bullocks	..	..	..	8,073
Cows	..	..	..	9,544
Heifers	..	..	..	8,494
Calves	..	..	..	15,974
Sheep	..	..	..	68,668
Goats	..	..	..	4
Pigs	..	..	..	13,540
TOTAL	..	..	..	<u>124,891</u>

**Summary of Meat Surrendered** as being diseased,  
unsound, unwholesome or unfit for human consumption.

SURRENDERED VOLUNTARILY

**Home Killed Meat.**

				Stones
Beef	..	..	..	46,519½
Mutton and Lamb	..	..	..	592¾
Pork	..	..	..	2,260½
Veal	..	..	..	185½
Offals	..	..	..	39,035¾
				<hr/>
				88,594 stones

**Imported Meat.**

Beef	..	..	..	178
Veal	..	..	..	4½
Offals	..	..	..	176¾
				<hr/>
				359¼ stones

Total 88,953¼

---

556 tons approx.

The total number of whole carcasses condemned 1,080

The total number of carcasses in which some part or  
organ was affected and condemned 19,529

TOTAL .. .. . 20,609

SEIZED .. .. . NIL.



DETAILS OF CARCASSES SURRENDERED AS UNFIT

	Cattle excluding Cows				Cows	Calves	Sheep and Lambs	Pigs	Total
	Bulls	Bullocks	Heifers	Total					
<i>All Diseases except Tuberculosis.</i>									
Whole Carcasses condemned .. .. .	1	7	10	18	51	55	136	44	304
Carcasses in which some part or organ was condemned	33	2,898	1,536	4,467	5,062	22	2,183	154	11,888
Percentage of number inspected affected with disease other than Tuberculosis .. .. .	5.7	35.9	18.2	26.1	53.5	.48	3.3	1.4	9.7
<i>Tuberculosis only.</i>									
Whole Carcasses condemned .. .. .	10	30	81	121	613	7	—	35	776
Carcasses in which some part or organ was condemned ..	209	970	1,100	2,279	4,451	1	—	910	7,641
Percentage of number inspected affected with Tuberculosis .. .. .	36.9	12.3	13.9	13.9	53.05	.05	—	6.9	6.8

## THE MILK SUPPLY.

### REGISTRATIONS.

The conditions under which milk was produced, stored, treated and distributed were regularly examined to ensure that the statutory requirements applicable to the trade were complied with.

The following details applied at 31st December, 1950 :—

Processing Establishments	..	..	..	..	5
Other dairies	..	..	..	..	46
Dairymen operating from wholesalers' dairies	..	..	..	..	24
Dairymen operating from dairies outside the City	..	..	..	..	10
Milk Distributors (shopkeepers)	..	..	..	..	411

### LICENSING.

#### Designated Milks.

**Licences granted** under the provisions of the Milk (Special Designation) (Raw Milk) Regulations, 1949 and Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 :—

Dealers licences to pasteurise milk	..	..	..	5
„ „ „ sterilise milk	..	..	..	4
„ „ „ sell tuberculin tested milk	..	..	..	27
„ „ „ sell pasteurised milk	..	..	..	176
„ „ „ sell sterilised milk	..	..	..	461
Supplementary Licences to sell tuberculin tested milk	..	..	..	7
„ „ „ „ pasteurised milk	..	..	..	7
„ „ „ „ sterilised milk	..	..	..	5

### MILK SAMPLING.

#### BACTERIOLOGICAL EXAMINATION.

##### Tuberculin Tested Milk (Raw).

A total of 32 samples was procured and 28 of these complied with the prescribed standards. The other 4 samples were unsatisfactory and appropriate action was taken.

### **Accredited Milk.**

No accredited milk was sold as such in the City during the year.

### **Pasteurised Milk (including Tuberculin Tested Pasteurised Milk).**

Of 426 samples of milk sold under licence which were obtained for examination 2 were unsatisfactory. To test the efficiency of pasteurisation, these samples were subjected to the phosphatase test and 422 were proved to have been correctly heat-treated.

### **Sterilised Milk.**

210 samples of milk processed under licence were obtained for examination and 3 were unsatisfactory.

### **Examination of Milk for Tubercle Bacilli.**

74 samples of milk were obtained and 68 showed negative results on biological testing. Two samples were not reported upon owing to technical difficulties at the Laboratory. 22 samples were of designated milks and were among those negative to the test. Of the remainder, 4 samples having positive results were notified to the Medical Officers of Health in the milk producers' areas and the affected animals were duly identified and slaughtered under the Tuberculosis Order, 1938.

The positive results shown in previous years were as follows :—

1949	..	..	1.66 per cent.
1948	..	..	1.72 „
1947	..	..	5.08 „
1946	..	..	2.70 „
1945	..	..	10.17 „

### **CHEMICAL EXAMINATION.**

Milk samples (formal and informal) analysed by the Public Analyst.

1950	No. of Samples	Average Percent. of Fat	Average Percent. of Solids not Fat
January .. ..	40	3.049	8.782
February .. ..	11	3.463	8.767
March .. ..	16	3.537	8.669
April .. ..	20	3.295	8.639
May .. ..	35	3.462	8.886
June .. ..	35	3.400	8.860
July .. ..	28	3.518	8.756
August .. ..	12	3.662	8.369
September .. ..	28	3.781	8.817
October .. ..	30	3.806	8.770
November .. ..	44	3.770	8.853
December .. ..	31	3.783	8.874
AVERAGE .. ..	—	3.543	8.753
The standard for milk is "Fat" 3.0% and "Solids not Fat", 8.5%.			

Of the 484 informal samples of milk which were tested by the Inspectors during the year by the Gerber process, 30 or 6.19 per cent. were found to be adulterated.

#### ACTION TAKEN ON UNSATISFACTORY MILK SAMPLES.

Samples taken formally and found not genuine.			Action taken.
8 samples (a) deficient in milk fat	14%	Samples of bulked milk from two producers taken at processing dairy in City and followup samples taken from the producers' churns on delivery and at farms after milking.	Cautionary letters sent to both producers.
(b) do.	15%		
(c) do.	20%		
(d) do.	20%		
(e) do.	30%		
(f) do.	24%		
(g) do.	3%		
(h) do.	3%		
5 samples (a) deficient in milk fat		Samples of milk on delivery at dairy and at farm.	Cautionary letter to producer and notification to Milk Production Officer.
(b) do. and in solids not fat			
(c) deficient in milk fat			
(d) deficient in milk solids not fat.			
(e) do.			



Samples taken formally and found not genuine.			Action taken.
1 sample	deficient in milk fat.	11%	{ Cautionary letter to producer and notification to Milk Production Officer.
1 sample	deficient in milk fat.	8%	{ do.
1 sample	added water	2%	{ Cautionary letter to seller.
3 samples (a)	deficient in fat and solids not fat.		{ Cautionary leter to producer and notification to Milk Production Officer.
(b)	deficient in solids not fat.		
(c)	deficient in milk fat.	4%	
3 samples (a)	deficient in solids not fat.		{ Due to natural causes. Letter to producer and notifica- tion to Milk Production Officer.
(b)	do.		
(c)	do.		

### ICE CREAM.

All persons manufacturing or dealing in ice-cream must be registered under the provisions of the Nottingham Corporation Act, 1935 and all premises used for these purposes must be registered in accordance with the provisions of the Food and Drugs Act, 1938.

1,343 visits of inspection were made during the year.

### REGISTRATIONS IN FORCE AT THE END OF THE YEAR :—

#### MANUFACTURERS.

" Hot Mix " method	..	11
" Cold Mix " method	..	20
		—
TOTAL	.. ..	31
		—

## VENDORS AND DEALERS.

“ Pre-packed ” ices	..	402
“ Loose ” ices	..	223
TOTAL	..	625

## SAMPLING.

69 samples of ice cream sold in the City were taken for analysis and considerable variations were found in the proportions of fat and other solids. A legal standard of quality will come into operation in 1951.

## GRADING.

210 samples of ice cream were procured for bacteriological grading by the methylene blue reduction test with the following results :—

Grade	Time taken to reduce Methylene Blue (hours)	No. of specimens reducing Methylene Blue
1	4½ or more	110
2	2½ — 4	56
3	½ — 2	24
4	0	20

In addition, 16 samples were taken for special bacteriological examination and were not graded.

## SHELL FISH.

Action taken by the Chief Sanitary Inspector in previous years in confiscating large consignments of imported mussels which proved to be unfit for human consumption, resulted in a considerable reduction in the quantities of Irish mussels received into the Wholesale Fish Market during 1950.

Vigilance must, however, continue in order to prevent consignments taken from closed, polluted beds being consigned labelled as 'bait' mussels to the Wholesale Fish Market. Consignments of Irish mussels were seized during 1949 after having been forwarded to this country as 'bait' for fishing. There is no demand for 'bait' mussels in Nottingham and it must be assumed that mussels were sent here under such a label in the hope that they would be sold through the usual trade channels for human food.

More adequate control of polluted shellfish is necessary.

Shell fish from layings in various parts of Great Britain and Eire were received into the Wholesale Fish Market and samples were submitted to the Public Health Laboratory from time to time for bacteriological examination. Eleven tons, eleven cwts. of shell fish were found to be unfit for human consumption and were confiscated.

Seventeen samples of mussels were taken, details of which are given below :—

Origin of Layings	No. of Samples	Satisfactory	Unsatisfactory
Boston .. ..	9	4	5
Kings Lynn .. ..	2	2	—
Ireland .. ..	5	4	1
Denmark .. ..	1	1	—
TOTALS .. ..	17	11	6

## FOOD HYGIENE.

The Nottingham (Food) Order, 1950 made by the Minister of Health which came into operation on the 6th February, 1950. applied to the City the provisions of Section 14 of the Food and Drugs Act, 1938, requiring the registration of premises used in connection with the manufacture or sale of ice-cream, sausages, and potted, pressed, pickled or preserved food intended for sale.

The registration of premises used for the manufacture and sale of ice-cream is referred to in the section of this report dealing with ice-cream.

A commencement was made during the year to survey all food premises and to secure the registration of buildings newly affected by the Order.

2,631 visits were made. The attention of owners or occupiers was drawn to 246 contraventions and requirements of the Department were carried out in 83 cases.

Eighty-five premises used for the manufacture of sausages and other meat products were registered and three applications for registration were refused by the Local Authority.

The importance of cleanliness in the handling of food during manufacture, storage and distribution cannot be over-emphasised. In addition to the registration of certain classes of food premises, it is considered desirable to encourage all food traders to improve the methods of preparation, storage, etc., of food stuffs.

Four Sanitary Inspectors are now devoting the major part of their time to these problems and it is hoped that this will result in a reduction in the number of cases of food poisoning.



# FERTILISERS AND FEEDING STUFFS ACT, 1926.

Samples taken :—

Substance	Satisfactory	Unsatisfactory	Total
Sulphate of Ammonia ..	2	—	2
Sulphate of Potash ..	1	1	2
“ Gromato ” .. ..	1	—	1
Nitrate of Soda .. ..	1	—	1
Thomson's Manures ..	1	—	1
General Fertiliser ..	2	—	2
Soluble Blood Manure ..	1	—	1
Superphosphate .. ..	1	—	1
Bone Meal .. ..	—	1	1
Basic Slag .. ..	—	1	1
Dried Liver Meal .. ..	1	—	1
Balanced Meal .. ..	1	2	3
Dry Biscuit Mash with Cod Liver Oil .. ..	—	2	2
Mustard Meal .. ..	1	—	1
Cod Liver Oil Condiment ..	1	—	1
TOTALS .. ..	14	7	21

Action taken on unsatisfactory samples was as follows :—

- |   |   |
|---|---|
| 1 Sulphate of Potash ..                     | Cautionary letter to seller regarding strength as declared on label.  |
| 1 Bone Meal .. ..                           | Referred to administrative authority in area of manufacture.  |
| 1 Basic Slag .. ..                          | Sample repeated—further action pending.   |
| 2 Balancer Meal .. ..                       | Results referred to Ministry of Agriculture and Fisheries.<br>Production methods adjusted and now satisfactory. |
| 2 Dry Biscuit Mash with Cod Liver Oil .. .. | Referred to administrative authority in area of manufacture.  |

## THE PHARMACY AND POISONS ACT, 1933.

This Act permits the Sale of Poisons in Part II of the Poisons List by persons whose names and premises are entered in the Local Authority's List.

Applications for entry received	..	34
Approved	.. .. 32	
Refused	.. .. —	(2 withdrawn by applicants).
Transfer of licences	.. .. 3	
Registrations not renewed, owing to discontinuance of the Sales of Part II Poisons	.. .. 14	

During the year, cautionary letters were sent to three persons for minor infringements of the Act.

## DETAILS OF SAMPLING OF "OTHER FOODS".

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Milk .. ..	330	—	330	308	—	308	22	—	22
Ice Cream .. ..	—	69	69	—	69	69	—	—	—
Acetic Acid, concentrated ..	—	1	1	—	1	1	—	—	—
Acid Calcium Phosphate ..	1	—	1	1	—	1	—	—	—
Almond Fingers or Slices .. ..	—	2	2	—	2	2	—	—	—
Almond Paste ..	—	1	1	—	1	1	—	—	—
Almond Tarts ..	—	1	1	—	1	1	—	—	—
Anchovy Essence ..	—	1	1	—	1	1	—	—	—
Anchovies with Capers	—	1	1	—	1	1	—	—	—
Anchovy Sauce ..	—	1	1	—	1	1	—	—	—
Apricots, Spanish ..	—	1	1	—	1	1	—	—	—
Apricot Conserve ..	—	1	1	—	1	1	—	—	—
Apples, Canned ..	—	2	2	—	2	2	—	—	—
Apple sieved with sugar .. ..	—	1	1	—	1	1	—	—	—
Apple Puree .. ..	—	1	1	—	1	1	—	—	—
Arrowroot .. ..	—	2	2	—	2	2	—	—	—
Aspic Jelly Powder ..	—	2	2	—	2	2	—	—	—
Aspirin Tablets ..	—	1	1	—	1	1	—	—	—
Bacon .. ..	—	11	11	—	11	11	—	—	—
Barley, pearl .. ..	—	1	1	—	1	1	—	—	—
Barley flour .. ..	—	1	1	—	1	1	—	—	—
Beef Paste .. ..	—	1	1	—	1	1	—	—	—
Beef Extract .. ..	—	1	1	—	1	1	—	—	—
Beef Cubes .. ..	—	1	1	—	1	1	—	—	—
Beans in Tomato Sauce	—	1	1	—	1	1	—	—	—
Bicarbonate of Soda ..	—	1	1	—	1	1	—	—	—
Bilberries .. ..	—	1	1	—	1	1	—	—	—
Black Grape Jelly ..	—	1	1	—	1	1	—	—	—
Black Currant Tea ..	—	1	1	—	1	1	—	—	—
Blancmange Powder ..	—	2	2	—	2	2	—	—	—
Blood Purifying Mixture .. ..	—	1	1	—	1	1	—	—	—
Borax, refined .. ..	—	1	1	—	1	1	—	—	—
Boric Acid, B.P. ..	—	1	1	—	1	1	—	—	—
"Bournvita" .. ..	—	1	1	—	1	1	—	—	—
Brandy .. ..	1	—	1	1	—	1	—	—	—
Brandy-snap .. ..	—	1	1	—	1	1	—	—	—
Bramble Seedless Jam	—	1	1	—	1	1	—	—	—
Brawn .. ..	—	2	2	—	2	2	—	—	—
Brisling .. ..	—	1	1	—	1	1	—	—	—
Brisling Paste .. ..	—	1	1	—	1	1	—	—	—
British Wine "Port Type" ..	—	1	1	—	1	1	—	—	—
Butacrunch (sweet-meat) ..	—	1	1	—	1	1	—	—	—
Butter .. ..	1	9	10	1	9	10	—	—	—
Cakes .. ..	—	1	1	—	1	1	—	—	—
Cake Flour Mixture ..	1	8	9	—	7	7	1	1	2
"Cakeoma" .. ..	—	1	1	—	1	1	—	—	—
Cake Decorations ..	—	2	2	—	2	2	—	—	—
Calcium Hydrate ..	1	—	1	1	—	1	—	—	—
Carried forward ..	335	144	479	312	143	455	23	1	24

## DETAILS OF SAMPLING (contd.)

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	335	144	479	312	143	455	23	1	24
Calves Feet Jelly ..	—	2	2	—	2	2	—	—	—
Celery, Canned ..	—	2	2	—	2	2	—	—	—
Celery Salt ..	—	1	1	—	1	1	—	—	—
Cereal Beverage (Instant-Postum) ..	—	1	1	—	1	1	—	—	—
Cheese ..	—	12	12	—	12	12	—	—	—
Cheery Whirls with real cream ..	—	1	1	—	—	—	—	1	1
Cheese Straws ..	—	1	1	—	1	1	—	—	—
Cheese Cakes ..	—	4	4	—	4	4	—	—	—
Choc Crunch ..	—	1	1	—	1	1	—	—	—
“Cheritone” Tonic Drink ..	—	1	1	—	1	1	—	—	—
Chicken Slices ..	—	1	1	—	1	1	—	—	—
Chipped Potatoes, Fried ..	—	1	1	—	1	1	—	—	—
Chocolate Cake Mixture ..	—	1	1	—	1	1	—	—	—
Castor Oil ..	—	2	2	—	2	2	—	—	—
Chocolate Spread ..	—	1	1	—	1	1	—	—	—
Chocolate Coconut Cream Sandwich ..	—	1	1	—	1	1	—	—	—
Chocolate Vermicelli ..	—	1	1	—	1	1	—	—	—
Chocolate Biscuits ..	—	1	1	—	1	1	—	—	—
Christmas Pudding ..	1	1	2	—	—	—	1	1	2
Chutney ..	—	3	3	—	2	2	—	1	1
Cinnamon ..	—	1	1	—	1	1	—	—	—
Coffee ..	—	2	2	—	2	2	—	—	—
Coffee Essence ..	—	1	1	—	1	1	—	—	—
Coffee and Chicory Essence ..	—	3	3	—	3	3	—	—	—
Coffee and Chicory Essence (Rum flavoured) ..	—	1	1	—	1	1	—	—	—
Coffee and Chicory ..	—	1	1	—	1	1	—	—	—
Cocoa ..	—	4	4	—	4	4	—	—	—
Coconut, dessicated ..	—	2	2	—	2	2	—	—	—
Coconut in syrup ..	—	1	1	—	1	1	—	—	—
Coconut Cakes ..	—	1	1	—	1	1	—	—	—
Coconut Flour ..	—	1	1	—	1	1	—	—	—
Cooking Fat ..	—	12	12	—	12	12	—	—	—
Cooking Crumbs ..	—	1	1	—	1	1	—	—	—
Cooking Salt ..	—	1	1	—	1	1	—	—	—
Compound Glycerin of Thymol B.P.C. ..	—	1	1	—	1	1	—	—	—
Compound Mustard ..	—	1	1	—	1	1	—	—	—
Cochineal Colouring ..	—	2	2	—	2	2	—	—	—
Cod Roe Spread (Smoked) ..	—	1	1	—	1	1	—	—	—
Cornflour ..	—	4	4	—	4	4	—	—	—
Corned Beef Hash ..	—	1	1	—	1	1	—	—	—
College Pudding ..	—	1	1	—	1	1	—	—	—
Cream Crackers ..	—	1	1	—	1	1	—	—	—
Carried forward ..	336	227	563	312	223	535	24	4	28



DETAILS OF SAMPLING (*contd.*)

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	336	227	563	312	223	535	24	4	28
Cream of Tarter B.P.	—	1	1	—	1	1	—	—	—
“ Cream Kake ” ..	—	1	1	—	—	—	—	1	1
Crystallised Ginger ..	—	1	1	—	1	1	—	—	—
Cough Lozenges ..	—	1	1	—	1	1	—	—	—
Creamy Cottage Cheese ..	—	1	1	—	1	1	—	—	—
Culinary Oil ..	—	1	1	—	1	1	—	—	—
Currants ..	—	2	2	—	2	2	—	—	—
Curry Powder ..	—	2	2	—	2	2	—	—	—
“ Cup-kaff ” (Coffee preparation) ..	—	1	1	—	1	1	—	—	—
Custard Powder ..	—	2	2	—	2	2	—	—	—
Damsons (Canned or bottled) ..	—	2	2	—	2	2	—	—	—
Doughnuts ..	—	2	2	—	2	2	—	—	—
Dressed Crab ..	—	3	3	—	2	2	—	1	1
Dressed Crab Paste ..	—	1	1	—	1	1	—	—	—
Dried Peel ..	—	1	1	—	1	1	—	—	—
Drinking Chocolate ..	—	1	1	—	1	1	—	—	—
Dripping ..	—	1	1	—	1	1	—	—	—
Egg Custard ..	—	1	1	—	1	1	—	—	—
Egg Flip ..	—	1	1	—	1	1	—	—	—
Egg Substitute Powder ..	—	1	1	—	—	—	—	1	1
Epsom Salts ..	—	2	2	—	2	2	—	—	—
Faggots ..	—	1	1	—	1	1	—	—	—
Fish Paste ..	—	3	3	—	3	3	—	—	—
Fish Spread ..	—	2	2	—	2	2	—	—	—
Fish Cakes ..	—	2	2	—	2	2	—	—	—
Fizzy Quenchers ..	—	1	1	—	1	1	—	—	—
Flavouring Essence (Coconut) ..	—	1	1	—	1	1	—	—	—
Fondant ..	—	1	1	—	1	1	—	—	—
Food Colouring, blue ..	—	1	1	—	1	1	—	—	—
Food Colouring, yellow ..	—	1	1	—	1	1	—	—	—
Fruit Sauce ..	—	1	1	—	1	1	—	—	—
Fruit Pudding ..	—	1	1	—	1	1	—	—	—
Fruitade Tablets ..	—	1	1	—	1	1	—	—	—
Fruit Cake ..	—	2	2	—	2	2	—	—	—
Fruit Mincemeat ..	—	1	1	—	—	—	—	1	1
Fruit and Nut Cake ..	—	1	1	—	1	1	—	—	—
Fruit Salad in Syrup ..	—	1	1	—	1	1	—	—	—
Frozen Fruit Bars ..	—	1	1	—	1	1	—	—	—
French Mustard ..	—	1	1	—	1	1	—	—	—
“ Frizets ” ..	—	2	2	—	2	2	—	—	—
Friars Balsam B.P. ..	—	1	1	—	1	1	—	—	—
Fruit Jam Biscuits ..	—	1	1	—	1	1	—	—	—
Galantine ..	—	1	1	—	1	1	—	—	—
Galantine of Pork ..	—	1	1	—	1	1	—	—	—
Gelatine ..	—	4	4	—	4	4	—	—	—
Gin ..	1	—	1	1	—	1	—	—	—
Ginger Ale ..	—	1	1	—	1	1	—	—	—
Ginger Beer ..	—	1	1	—	1	1	—	—	—
Carried forward ..	337	291	628	313	283	596	24	8	32

## DETAILS OF SAMPLING (contd.)

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	337	291	628	313	283	596	24	8	32
Ginger Wine Essence	—	1	1	—	1	1	—	—	—
Glycerine ..	—	2	2	—	2	2	—	—	—
Glycerine, Lemon and Honey ..	—	2	2	—	2	2	—	—	—
Glauber Salts ..	—	1	1	—	—	—	—	1	1
Glucose “D” ..	—	1	1	—	1	1	—	—	—
Glaze Pineapple (sweets) ..	—	1	1	—	1	1	—	—	—
Gooseberries (bottled)	—	2	2	—	2	2	—	—	—
Golden Pudding Mixture ..	—	1	1	—	1	1	—	—	—
Golden Raising Powder ..	—	1	1	—	1	1	—	—	—
Golden Syrup ..	—	1	1	—	1	1	—	—	—
“Grape nuts” Cereal	—	1	1	—	1	1	—	—	—
Gravy Salt ..	—	1	1	—	1	1	—	—	—
Gravy Browning ..	—	1	1	—	1	1	—	—	—
Gravy Colouring ..	—	2	2	—	2	2	—	—	—
Ground Almonds ..	—	3	3	—	3	3	—	—	—
Ground Nutmegs ..	—	3	3	—	3	3	—	—	—
Ground Rice ..	—	1	1	—	1	1	—	—	—
Ground White Pepper	—	1	1	—	1	1	—	—	—
Greengate Conserve ..	—	1	1	—	1	1	—	—	—
Green Pea Soup ..	—	1	1	—	1	1	—	—	—
Guavas in syrup ..	—	1	1	—	1	1	—	—	—
Gum Tragacanth ..	1	—	1	1	—	1	—	—	—
Haslet ..	—	1	1	—	1	1	—	—	—
Herrings in Mustard Sauce ..	—	1	1	—	1	1	—	—	—
Herrings, pickled ..	—	1	1	—	1	1	—	—	—
Herring Roes ..	—	2	2	—	2	2	—	—	—
Home-brewed Ale Ingredients ..	—	1	1	—	1	1	—	—	—
Honey Spread ..	—	1	1	—	1	1	—	—	—
Horse Radish Relish	—	1	1	—	1	1	—	—	—
Hors d’Œuvres (antipasto) ..	—	1	1	—	1	1	—	—	—
Iced Choc Blocks ..	—	1	1	—	1	1	—	—	—
Irish Whisky ..	—	1	1	—	1	1	—	—	—
“Jack Straws” ..	—	1	1	—	1	1	—	—	—
Jam Tarts ..	2	7	9	—	7	7	2	—	2
Jellies ..	—	2	2	—	2	2	—	—	—
Jelly Crystals ..	—	3	3	—	3	3	—	—	—
Jelly Cream ..	—	1	1	—	1	1	—	—	—
Jellied Meat ..	—	1	1	—	1	1	—	—	—
Jelly Preserve ..	—	1	1	—	1	1	—	—	—
Junket Powder ..	—	1	1	—	1	1	—	—	—
Kali Sticks ..	—	1	1	—	1	1	—	—	—
Lactic Cheese ..	—	1	1	—	1	1	—	—	—
Lactic Sugar ..	1	1	2	1	—	1	—	1	1
Lactose ..	1	—	1	1	—	1	—	—	—
Lemon Curd ..	1	2	3	1	2	3	—	—	—
Carried forward ..	343	353	696	317	343	660	26	10	36

DETAILS OF SAMPLING (*contd.*)

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	343	353	696	317	343	660	26	10	36
Lemon Butter (imported) ..	—	1	1	—	1	1	—	—	—
Lemon Barley Crystals (concentrated) ..	—	1	1	—	1	1	—	—	—
Lemon Flavouring ..	—	1	1	—	1	1	—	—	—
“ Lemonspred ” ..	—	1	1	—	1	1	—	—	—
Lemonade Crystals ..	—	2	2	—	2	2	—	—	—
Lemonade Powder ..	—	2	2	—	2	2	—	—	—
Lemonade Tablets ..	—	1	1	—	1	1	—	—	—
Liquid Paraffin B.P. ..	—	1	1	—	1	1	—	—	—
Liver Salts ..	—	1	1	—	1	1	—	—	—
Luncheon Meat ..	—	4	4	—	4	4	—	—	—
Macaroni, canned ..	—	1	1	—	1	1	—	—	—
Macaroni with cheese	—	1	1	—	1	1	—	—	—
“ Malabs ” ..	—	1	1	—	1	1	—	—	—
Malted Milk ..	—	1	1	—	1	1	—	—	—
Malt Extract ..	—	1	1	—	1	1	—	—	—
Malt Loaf ..	—	1	1	—	1	1	—	—	—
Marmalade ..	—	1	1	—	1	1	—	—	—
Margarine ..	—	10	10	—	10	10	—	—	—
Marzipan (imported) ..	—	1	1	—	1	1	—	—	—
Mayonnaise ..	—	1	1	—	1	1	—	—	—
Maple Meat (vegetarian) ..	—	1	1	—	1	1	—	—	—
Meringue Powder ..	1	—	1	—	—	—	1	—	1
“ Melvet ” (Custard Powder) ..	—	1	1	—	1	1	—	—	—
Meat Soup with Dumplings ..	—	1	1	—	1	1	—	—	—
Milk, Condensed, Full Cream (Sweetened) ..	—	4	4	—	4	4	—	—	—
Milk, Condensed, Full Cream Unsweetened ..	—	2	2	—	2	2	—	—	—
Milk, condensed, evaporated ..	1	—	1	1	—	1	—	—	—
Milk, condensed, skimmed sweetened	1	5	6	1	5	6	—	—	—
Milk Pudding Mixture	—	1	1	—	1	1	—	—	—
Mince Tarts ..	—	3	3	—	2	2	—	1	1
Mince Pies ..	—	1	1	—	—	—	—	1	1
Mincemeat ..	—	2	2	—	1	1	—	1	1
Milk Whipping Compound ..	—	1	1	—	1	1	—	—	—
Mint, dried ..	—	1	1	—	1	1	—	—	—
Mint, jelly ..	—	1	1	—	1	1	—	—	—
Mint in Vinegar ..	—	1	1	—	1	1	—	—	—
Mixed Peel ..	—	2	2	—	2	2	—	—	—
Mixed Fruit Sponge pudding ..	—	1	1	—	1	1	—	—	—
Molasses ..	1	2	3	1	2	3	—	—	—
“ Moussec ” ..	—	1	1	—	1	1	—	—	—
Carried forward ..	347	418	765	320	405	725	27	13	40

## DETAILS OF SAMPLING (contd.)

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	347	418	765	320	405	725	27	13	40
Mushrooms (canned)	—	1	1	—	1	1	—	—	—
Mushroom Ketchup	—	1	1	—	1	1	—	—	—
Mustard ..	—	1	1	—	1	1	—	—	—
Mustard, ready mixed	—	1	1	—	1	1	—	—	—
Mustard Sauce ..	—	1	1	—	1	1	—	—	—
National Flour ..	—	2	2	—	2	2	—	—	—
Natural Crab ..	—	1	1	—	1	1	—	—	—
Nibb-it (Fried Potato and vegetable product) ..	1	1	2	1	1	2	—	—	—
Nose and Throat Pills	—	1	1	—	1	1	—	—	—
“Nut-Fruta” Bar ..	—	1	1	—	1	1	—	—	—
Oatmeal ..	—	3	3	—	3	3	—	—	—
Oatcakes ..	—	1	1	—	1	1	—	—	—
Oil of Peppermint	—	—	—	—	—	—	—	—	—
Lozenges ..	—	1	1	—	1	1	—	—	—
Olive Oil ..	—	2	2	—	2	2	—	—	—
Onions (dehydrated)	—	1	1	—	1	1	—	—	—
Oranges (sliced) ..	—	1	1	—	1	1	—	—	—
Orange Juice ..	—	1	1	—	1	1	—	—	—
Orange Squash ..	—	1	1	—	1	1	—	—	—
“Ovaltine” ..	—	1	1	—	1	1	—	—	—
“Oxo” ..	—	1	1	—	1	1	—	—	—
Parrish's Chemical	—	—	—	—	—	—	—	—	—
Food ..	—	1	1	—	1	1	—	—	—
Pastry Mix ..	—	2	2	—	2	2	—	—	—
Peas, processed ..	1	4	5	1	4	5	—	—	—
Peas, garden (canned)	—	1	1	—	1	1	—	—	—
Peanut Butter ..	—	1	1	—	1	1	—	—	—
Pepper, white	—	—	—	—	—	—	—	—	—
compound ..	—	3	3	—	3	3	—	—	—
Pepper flavoured	—	—	—	—	—	—	—	—	—
compound ..	—	1	1	—	1	1	—	—	—
Peppermints ..	—	1	1	—	1	1	—	—	—
Piccalilli ..	—	2	2	—	2	2	—	—	—
Pickling Spice ..	—	1	1	—	1	1	—	—	—
Pilchards ..	—	1	1	—	1	1	—	—	—
Plums (bottled or canned) ..	—	2	2	—	2	2	—	—	—
Pineapple Jelly ..	—	1	1	—	1	1	—	—	—
Pineapple Juice ..	—	1	1	—	1	1	—	—	—
Polony ..	—	3	3	—	3	3	—	—	—
Potato Crisps ..	—	5	5	—	5	5	—	—	—
Potted Meat ..	—	12	12	—	6	6	—	6	6
Potted Meat Paste ..	2	10	12	1	8	9	1	2	3
Rabbit (canned) ..	—	1	1	—	1	1	—	—	—
Raisins ..	—	2	2	—	2	2	—	—	—
Raspberry Conserve	—	1	1	—	1	1	—	—	—
Raspberry Jam ..	—	1	1	—	1	1	—	—	—
Raspberry Vinegar ..	—	2	2	—	2	2	—	—	—
Red Cabbage ..	—	1	1	—	1	1	—	—	—
Rice ..	—	1	1	—	1	1	—	—	—
Rissole Mixture ..	—	1	1	—	1	1	—	—	—
Carried forward ..	351	504	855	323	483	806	28	21	49



## DETAILS OF SAMPLING (contd.)

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	351	504	855	323	483	806	28	21	49
Rhubarb in Syrup ..	1	2	3	1	2	3	—	—	—
Rum ..	1	—	1	1	—	1	—	—	—
Rusk ..	—	2	2	—	2	2	—	—	—
Rusk, sausage ..	—	4	4	—	4	4	—	—	—
Rusk, yeast ..	—	1	1	—	1	1	—	—	—
Saccharin Tablets ..	—	2	2	—	2	2	—	—	—
Sago ..	—	1	1	—	1	1	—	—	—
Sage and Onion Stuffing ..	—	1	1	—	1	1	—	—	—
Salad Cream ..	—	7	7	—	7	7	—	—	—
Salmon Creme ..	—	1	1	—	1	1	—	—	—
Salmon Paste ..	1	2	3	—	1	1	1	1	2
Salmon Spread ..	—	1	1	—	1	1	—	—	—
Sandwich Paste ..	—	1	1	—	1	1	—	—	—
Sandwich Spread ..	—	1	1	—	1	1	—	—	—
Sardines ..	—	1	1	—	1	1	—	—	—
Sardines in Tomato ..	—	1	1	—	1	1	—	—	—
Sauce ..	—	3	3	—	3	3	—	—	—
Sausages (beef) ..	4	14	18	4	11	15	—	3	3
Sausages (pork) ..	2	9	11	1	7	8	1	2	3
Sausages (Frankfurt in brine) ..	—	1	1	—	1	1	—	—	—
Sausage Meat (beef) ..	—	3	3	—	3	3	—	—	—
Sausage Meat (pork) ..	—	3	3	—	3	3	—	—	—
Scotch Shortbread ..	—	1	1	—	1	1	—	—	—
Scotch Herrings in Tomato ..	—	1	1	—	1	1	—	—	—
Self Raising Flour ..	—	2	2	—	2	2	—	—	—
Semolina ..	—	1	1	—	1	1	—	—	—
Shortbread Mixture ..	—	1	1	—	1	1	—	—	—
Shortcakes ..	—	2	2	—	2	2	—	—	—
Shrimps (potted) ..	—	2	2	—	2	2	—	—	—
Scone Mixture (sweetened) ..	—	1	1	—	1	1	—	—	—
Silver Dragees ..	—	1	1	—	1	1	—	—	—
“Snowfil” (whipping compound) ..	—	1	1	—	1	1	—	—	—
Soft Icing Sugar (tubes) ..	—	1	1	—	1	1	—	—	—
Soup (Oxtail) ..	—	1	1	—	1	1	—	—	—
Soya Flour ..	—	1	1	—	1	1	—	—	—
Sourkrout ..	—	1	1	—	1	1	—	—	—
Spinach ..	—	1	1	—	1	1	—	—	—
Sponge Cakes (Dutch) ..	—	1	1	—	1	1	—	—	—
Sponge Mixture ..	—	4	4	—	4	4	—	—	—
Stabiliser Powder ..	—	1	1	—	—	—	—	1	1
Stewed Steak ..	—	1	1	—	1	1	—	—	—
Strained Prune Juice ..	—	1	1	—	1	1	—	—	—
Strawberries (canned) ..	—	1	1	—	1	1	—	—	—
Strawberry Jam ..	—	1	1	—	1	1	—	—	—
Sweet Corn (canned) ..	—	1	1	—	1	1	—	—	—
Sweet Pickle ..	—	1	1	—	1	1	—	—	—
Carried forward ..	360	595	955	330	567	897	30	28	58

## DETAILS OF SAMPLING (contd.)

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	360	595	955	330	567	897	30	28	58
Sweet Orange									
Marmalade ..	—	1	1	—	1	1	—	—	—
Sweet Pink Pears ..	—	1	1	—	1	1	—	—	—
Sweetened Fat ..	—	1	1	—	1	1	—	—	—
Swiss Puddings ..	—	2	2	—	2	2	—	—	—
Swiss Roll ..	—	1	1	—	1	1	—	—	—
Sulphur Tablets ..	—	1	1	—	1	1	—	—	—
Sultanas ..	—	1	1	—	1	1	—	—	—
Sugar Jellies (sweets) ..	—	1	1	—	1	1	—	—	—
Suet, Shredded Beef	—	6	6	—	6	6	—	—	—
Synthetic Colour									
Solution (yellow)	—	1	1	—	1	1	—	—	—
Synthetic Cream									
(imported) ..	—	1	1	—	1	1	—	—	—
Table Cream ..	—	1	1	—	—	—	—	1	1
Table Delight ..	—	1	1	—	1	1	—	—	—
Table Jelly ..	—	4	4	—	4	4	—	—	—
Tapioca Dessert ..	—	1	1	—	1	1	—	—	—
“Tiny Tots” (sweets)	1	—	1	1	—	1	—	—	—
“Tizer” ..	—	1	1	—	1	1	—	—	—
Tomato Juice ..	—	1	1	—	1	1	—	—	—
Tomato Juice Cocktail	—	1	1	—	1	1	—	—	—
Tomato Puree ..	—	2	2	—	2	2	—	—	—
Tomato Sauce ..	—	1	1	—	—	—	—	1	1
Tomato Soup ..	—	1	1	—	1	1	—	—	—
Tomatoes (bottled or									
canned) ..	—	2	2	—	2	2	—	—	—
Trifle Pack ..	—	1	1	—	1	1	—	—	—
Tripe ..	—	1	1	—	1	1	—	—	—
Tunny ..	—	1	1	—	1	1	—	—	—
Turpentine ..	—	1	1	—	1	1	—	—	—
Veal and Ham Loaf ..	—	1	1	—	1	1	—	—	—
Vegetable Soup ..	—	2	2	—	2	2	—	—	—
Vegetarian Soup									
Powder ..	—	1	1	—	1	1	—	—	—
Vegetable and									
Macaroni Casserole	—	2	2	—	2	2	—	—	—
Vinegar, non-brewed	2	2	4	—	2	2	2	—	2
Vinegar, malt ..	—	5	5	—	5	5	—	—	—
“Vitacream”									
(Mock cream) ..	—	1	1	—	1	1	—	—	—
Walnuts ..	—	1	1	—	1	1	—	—	—
“Welch Munchie” ..	—	1	1	—	1	1	—	—	—
Whalemeat Loaf ..	—	1	1	—	1	1	—	—	—
Wholemeal Flour ..	—	1	1	—	1	1	—	—	—
Whole Spread Milk									
Cheese ..	—	1	1	—	1	1	—	—	—
Whisky ..	1	—	1	1	—	1	—	—	—
Worcester Sauce ..	—	1	1	—	1	1	—	—	—
Yoghourt ..	—	1	1	—	1	1	—	—	—
“Yum-Yum Snake									
Charmers”									
(liquorice) ..	—	1	1	—	1	1	—	—	—
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